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ABSTRACT

This report of an 18-month planning study presents recommendations concerning the development and promotion of improved child care services for Texas children with and without disabilities. A mail survey of child care centers (588 programs surveyed) and a telephone survey of 495 family day care providers found a need for on-site training and technical assistance, funds for start-up costs, staff training workshops, and additional payment for specific children. Barriers to improvements included additional staff time required and inadequate training to care for children with disabilities. Five recommendations are presented: (1) a statewide training and technical assistance resource program for child care providers should be developed; (2) a comprehensive generic information and referral system which includes child care options should be developed; (3) access to child care should be improved by helping providers to finance start-up costs and comply with federal requirements; (4) this report should be disseminated to interested groups; and (5) planning efforts should continue on providing child care for children with severe disabilities. Individual chapters address the project background and historical perspective, project methodology, findings and conclusions, and recommendations. Appendices include term definitions, a listing of critical elements for child care policy development, and the survey instruments. (54 references) (DB)

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Planning Study on Integrated Child Care Options in Texas

A report and recommendations for action

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Planning Study on Integrated Child Care Options in Texas

A report and recommendations for action

November 1990

A project of the Texas Planning Council for Developmental Disabilities funded by the Texas Rehabilitation Commission to Project Any Baby Can, an affiliate of the Santa Rosa Health Care Corporation.

PROJECT ADVISORY COMMITTEE

Debra Bailey
Community Advocate
San Angelo, Texas

Cris Ros-Dukler
Johanna Taylor, Alternate
Texas Department of
Human Services
Austin, Texas

Mary Elder, Ph.D.
Texas Early Childhood
Intervention Program
Austin, Texas

Louise Iscoe
Hogg Foundation For
Mental Health
Austin, Texas

Modene Johnson
Texas Education Agency
Austin, Texas

Judy Myers
United Cerebral Palsy
of Greater Houston

Carol Nasworthy, Ph.D.
Carol McDaniel, Alternate
Texas Employment Commission
Child Care Clearinghouse
Austin, Texas

Vickie Routon
Vanguard Learning Center
Van Alstyne, Texas

Leasel Smith
Texas Education Agency
Austin, Texas

Sherry Workman
Texas Licensed Child Care Assn.
Austin, Texas

PROJECT TEAM

Nancy L. Hard
Project Director

Phyl M. Rhyans
Project Assistant

Megan Kromer
University of Texas Health
Science Center

Donna K. Thompson, Ph.D.
Consultant

Marian Sokol, Ph.D.
Project Any Baby Can

Robbie Davis, Ph.D.
Texas Planning Council for
Developmental Disabilities

David Henderson
Texas Planning Council for
Developmental Disabilities

Kathy Payne
Texas Department of Human
Services

Roger Webb
Texas Planning Council for
Developmental Disabilities

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PLANNING STUDY ON INTEGRATED CHILD CARE OPTIONS IN TEXAS

EXECUTIVE SUMMARY

The growing number of mothers in the labor force with young children and the resulting demand for affordable, quality child care is well documented and continues to pose a serious dilemma for families. Today approximately 57 percent of women with children under six years of age are employed outside their homes. By the year 2000, it is projected that 80 percent of women ages 25 through 54 will be in the work force. This increase in the number of working mothers coupled with the decrease in extended family caregivers has resulted in an unprecedented need for affordable, quality child care.

The dearth of child care services for children with handicaps and disabilities has gone relatively unnoticed. In 1990, it was estimated that as many as 1.5 million children with disabilities had mothers in the work force. While most parents are struggling with finding affordable, quality child care, parents of children with disabilities and chronic illnesses are struggling with an even more serious problem -- finding a child care program that will accept them. The lack of available child care for children with disabilities can have a profound impact on daily family life and lifestyle choices. The Texas Planning Council for Developmental Disabilities (Council) took the first step to address this issue by initiating a "Planning Study on Integrated Child Care Options in Texas."

The eighteen-month long planning study by Project Any Baby Can utilized a variety of methods to review the current situation. These methods included a Project Advisory Committee, focus groups, a review of literature and surveys of child care programs. The study had four main purposes:

(a) to determine the characteristics of programs that accept children with disabilities;
(b) to identify the major risks and barriers to the acceptance of children with disabilities;
(c) to identify incentives which will promote the development of integrated child care programs; and
(d) to make recommendations to the Council for improving services.

The major findings of this study were the result of two survey efforts -- one focusing on center-based child care programs and another focusing on home-based child care programs. Focus group discussions and a review of literature supported the survey results.

A mail survey of licensed child care centers provided valuable descriptive data regarding current practices and attitudes of 588 programs. In addition, a telephone survey was conducted using a statistically valid sample of 495 randomly selected family day homes registered with the Texas Department of Human Services. (Family day home providers are self-employed individuals who provide care for three to six children in their private homes.)

The results of the two surveys were remarkably similar. Center-based and home-based programs rated the following as the top four incentives to encourage the development of integrated programs:

- on-site training and technical assistance;
- funds to cover start-up costs;
- staff training/workshops; and
- additional payment for specific children.

Other highly ranked incentives included therapy sessions provided at the child care facility; specialized referral services; and facility/program planning and consultation.

The primary barriers cited by center-based and home-based programs were also similar and included:

- additional staff time to provide individual care;
- inadequate knowledge or training to care for children with disabilities;
- expensive building modifications and insurance; and
- a lack of available and/or expensive specialized training.

Additionally, the majority of centers and family day homes reported they do not receive requests for care of children with disabilities. At the same time interviews and comments from parents indicated that when they asked for

services, they could not find programs willing to serve their children. These findings suggest a mismatch of supply and demand in child care services.

Based on the findings from the surveys, focus groups, and review of the literature, the Project Advisory Committee and the Project Team developed the following recommendations for action by the Texas Planning Council for Developmental Disabilities:

RECOMMENDATION I.

The Texas Planning Council for Developmental Disabilities should spearhead the development of a statewide training and technical assistance resource program for child care providers in order to promote greater access for children with disabilities.

RECOMMENDATION II.

The Texas Planning Council for Developmental Disabilities should continue to advocate for and support the development of a comprehensive generic information and referral system which includes child care options. Services should include resource and referral information for parents of children with disabilities, and information for child care providers regarding funding, technical assistance, subsidies, support, etc.

RECOMMENDATION III.

The Texas Planning Council for Developmental Disabilities should promote access to child care for families by developing strategies to support providers in financing start-up costs and enabling providers to comply with the Americans With Disabilities Act.

RECOMMENDATION IV.

The Texas Planning Council For Developmental Disabilities should plan to disseminate the report and recommendations from this planning study. Dissemination of the report should be made to those statewide groups identified as invested in Texas child care with a request for a corresponding plan of action to support the findings and recommendations.

RECOMMENDATION V.

The Texas Planning Council should continue on-going planning efforts to address issues such as the need for child care for children with severe disabilities whose integration into group programs may be more difficult, the need for on-going child care subsidies for children whose care demands continual financial support, and other child care issues which may critically impact the lives of persons with disabilities.

Currently, there is no centralized, statewide child care system addressing these issues. Exploration of initiatives by state agencies and organizations involved in child care revealed several programs which could support the Council's effort to increase the supply of integrated child care options. This set of five recommendations has been developed with an understanding that all entail additional commitment of resources and require coordination of other state agencies and organizations. An attempt to implement any of the recommendations without the commitment to coordination and additional resources would likely result in ineffective and inefficient activity.

CHAPTER I

PROJECT BACKGROUND

"I am a single parent with no extended family living in Texas. I cannot find summer or after-school care for my daughter. How am I supposed to maintain a job when services are not available? I don't want to become dependent on the state." (Parent from San Angelo, Texas)

The growing number of mothers in the labor force with young children and the resulting demand for affordable, quality child care is well documented and continues to pose a serious dilemma for families. Today approximately 57 percent of women with children under six years of age are employed outside their homes (Texas Children, 1990). Studies indicate that this trend will continue for an indefinite period due to the rising cost of living, better job opportunities, and the need by businesses and industry for new sources of labor. By the year 2000, it is projected that 80 percent of women ages 25 through 54 will be in the work force (Children's Defense Fund, 1988). This increase in the number of working mothers coupled with the decrease in extended family caregivers has resulted in an unprecedented need for affordable, quality child care.

The dearth of child care services for children with handicaps and disabilities has gone relatively unnoticed. In 1990, it was estimated that as many as 1.5 million children with handicaps had mothers in the work force (Texas Department of Health, 1990). While most parents are struggling with finding affordable, quality child care, parents of children with disabilities and chronic illness are struggling with an even more serious problem -- finding a child care program that will accept them. Only within the past two or three years, has this issue begun to receive public attention. The first statewide effort to address this issue in Texas was initiated by the Texas Planning Council for Developmental Disabilities (Council) in 1988.

The Developmental Disabilities Assistance and Bill of Rights Act (DD Act) was amended in 1987 to require the Council to complete the "1990 Report" which included recommendations to the Governor, State Legislature and U.S. Department of Health and Human Services regarding improvement of services to

people with developmental disabilities. Specifically, the Council was mandated to make recommendations regarding:

(A) "the most appropriate state agency or agencies of the state to be designated responsible for the provision and coordination of services for persons with developmental disabilities who are traditionally underserved, such as persons with developmental disabilities attributable to physical impairment, persons with developmental disabilities attributable to dual mental impairments, and persons with developmental disabilities attributable to a combination of physical and mental impairments, and such other subpopulations of persons with developmental disabilities (including minorities) as the State Planning Council may identify;" and

(B) "the steps to be taken [by the Council] to include that data and recommendations...in the State Planning Council's ongoing advocacy, public policy and model service demonstration activities" (P.L. 100-146).

The Council was also directed to "obtain comments on any proposed recommendations concerning the removal of barriers to services for persons with developmental disabilities and to connect such services to existing State agencies, as appropriate, to be responsible for the provision and coordination of such services" (P.L. 100-146).

From this mandate, the Council addressed two different sets of issues. One set focused on the need for the Texas legislature to designate statutory responsibility for services to people with developmental disabilities to one or more state agencies. The other set of issues focused on the need to address barriers to services, some of which are statutory and some that are not. With the recognition that the Texas service delivery system is the result of a patchwork of federal and state laws and programs, and that Texas continues to rank near the bottom among all states in funding programs, the Council began the task of exploring other barriers to services which are associated with problems caused by a lack of funding or gaps in federal or state policies and programs. (Texas Planning Council for Developmental Disabilities, 1990)

In addition, child care was identified in the Council's FY 1989 State Plan as an issue affecting achievement of the goal "to increase the availability and stability of community living options and appropriate support services" (Texas Planning Council for Developmental Disabilities, 1989). The Council agreed to "promote development of generic community support services including integrated child day care programs to enable children with developmental disabilities and their families to maintain the family unit and participate in community life".

Finally, the lack of available child care was a comment frequently heard from parents offering testimony at a series of 14 public forums held in seven cities across Texas in June and July of 1989 as part of the "1990 Report" process.

In 1989, the Council issued a Request for Proposals (RFP) for the completion of a "Planning Study on Integrated Child Care Options in Texas." The project's purpose was to gather information about Texas child care centers and family day homes in order to identify the major risks, barriers and incentives (administrative, legal liability, public policy, service provider policy) to the acceptance and integration of children with disabilities. The RFP specified that the project would culminate with a report of findings and a set of recommendations which the Council could use to advocate for systemic changes that would increase the availability and improve the quality of integrated child care options in Texas. The prescribed methodology for the planning study included the following:

- a project advisory committee representing appropriate agencies as determined jointly by the Project and Council Program to guide implementation of the project,
- focus groups and discussions with associations/organizations and consumers to gather information regarding other programs, incentives, legislation, etc.,
- a review of literature, and
- surveys of the child care centers and family day homes.

Project Any Baby Can (ABC), a nonprofit children's program in San Antonio with a demonstrated commitment to and expertise in integrated child care models since its inception in 1982, was selected to conduct the planning study. Project ABC's mission is to provide outreach, identification, case management, direct services and advocacy for children who are handicapped, chronically ill and

at-risk for developmental delays and/or disabilities. During Project ABC's eight-year history, it has provided information and referral, case management and direct services for more that 4000 children with special needs, and it has initiated innovative support services which include respite care, intergenerational in-home support, and training for child care and family day home providers. The staff coordinates its outreach and case management activities with more than 300 South Texas resources, and at any given time, staff members are working with more than 300 open cases. The primary components of Project ABC are the Baby Helpline, Family Friends (an intergenerational effort linking senior citizens with young children with handicaps or chronic illness), and Special Projects which include a Christmas Adopt-A-Child Program, sponsorship of the Parent Helpline/Support Groups, and the creation of Texas Network for Medically Fragile and Chronically Ill Children. The network consists of over 50 agencies and organizations that meet bimonthly to discuss issues of access to care and gaps in services available to the children of Texas.

CHAPTER II

HISTORICAL PERSPECTIVE

Needs Assessment

"I would like to see more emphasis on day care needs of disabled children including assistance for families. We have faced a lack of available programs for disabled children of working parents. These children need care before they reach the age for special education services and after school programs. My family had the means to pay for day care, but we were unable to find one that would accept her condition. We have had to rely on a private sitter, but we are deeply concerned about missing the needed stimulation provided through a structured program. She goes to the ECI program three mornings a week, but spends over 30 hours a week at a sitter's home. Disabled children should have an opportunity to receive needed stimulation." (Parent from Hewitt, Texas)

Many changes have occurred in American family life over the last 25 years. One of the most significant of these revolves around the need for child care, both public and private. Three major factors are cited as explanation for this change.

1. Women with young children are the fastest growing segment of the United States work force. Six out of ten American women with children under the age of six are employed outside the home. Over half the mothers with children less than a year old are in the labor force. It is estimated that by 1995, 66 percent of mothers with children under six years of age and 80 percent of mothers of school-aged children will be in the work force. ("State Superintendent's Task Force," 1989) The picture in Texas is no different. Currently more than 50 percent of Texas mothers with children under the age of six are employed outside the home. ("Texas Children," 1990)

2. Through advances in medical technology, an increasing number of infants who indicate the potential for developmental delay are surviving each year. They can be classified into three groups.

A. The first and the smallest group includes those infants born with obvious disabilities such as blindness, deafness, and severe physical and/or mental retardation. In Texas alone, this number reaches approximately 9,000 per year. ("Texas Children, 1990)

B. The second group is composed of infants who are biologically at risk. This includes low birthweight babies as well as those born with fetal alcohol syndrome or other drug-related problems. Approximately 250,000 low-birthweight babies are born in the U.S. each year. In 1988, as many as 20,625 were born in Texas. (Bureau of Maternal and Child Health, Texas Department of Health, Oct. 1989)

C. The third and largest group -- an estimated 3 - 10% of the nation's population -- includes infants considered to be environmentally at risk. There are varying definitions within this group including infants born to adolescent mothers and those born into poverty. Statistics show that in 1988, 18,502 live births were reported for mothers under 18 years of age in the state of Texas. (Bureau of Maternal and Child Health, 1989) An estimated 140,000 children in Texas from birth to age three are at substantial risk of developmental delay.

3. Changing practices and attitudes toward institutional care constitute the third major contributing factor. Prior to the 1970's, many parents of children with handicaps opted to place their youngsters in institutions. This was done upon the advice of physicians who encouraged parents "not to take the child home because it would be easier on everyone." Over the last two decades, most professionals in the fields of special education and child development, as well as those in the medical field, have come to realize that institutionalization is inappropriate for children and that all children need to live in a home environment.

With these changes in demographics and philosophy, it is evident that there is a real need high quality, affordable, available and accessible child care throughout the nation. An estimated 1.5 million children with handicaps and over 5 million children with chronic health problems will need care while their

mothers work outside the home. Care should be readily available for these children as well as non-handicapped children. (Crowley, 1990)

Child care and early childhood education policies directly influence the productivity of the current work force and the preparedness of the future work force. Therefore, policies that support families and provide a sound foundation for the development of young children strongly influence our state and national economy. (Child Care, 1989)

An Overview of the Child Care Industry

Child care services in the United States are a patchwork of different arrangements, all varying in cost and quality. As mentioned earlier, there is no federal system of regulation; and although most states have standards for center-based care, they vary greatly from state to state. Under Texas law, the Texas Department of Human Services (TDHS) regulates child care in several distinct categories.

- *Child care centers* provide care for 12 or more children under 14 years of age. Child care centers are licensed and routinely visited and monitored for "minimum standard" level of care.

- *Group child care homes* provide care for between 6 and 12 children. They are also licensed, visited and monitored by TDHS.

- *Family day homes* provide care for 3 to 6 children in private homes run by self-employed individuals. Family day home providers are required to register with TDHS, are not licensed, and are not monitored except in response to a complaint.

Child care is the fourth largest expenditure in a family's budget following housing, food, and taxes. According to a survey by the U.S. Census Bureau, American families with working mothers of children under age 15 spent over $15.5 billion on child care in 1987. Child care arrangement options consist of child care centers, family day homes, group homes, before and/or afterschool programs, care in the child's own home and informal care by neighbors or

relatives. Table 1 provides a comparison of the primary child care arrangements used by employed mothers for children under age five and reflects the trend over the course of a decade.

Table 1

Primary Child Care Arrangements Used by Employed Mothers for Children Under Age 5

Type of Arrangement	1977	1987
Care by family day home	23%	22%
Care in child's home	7%	5%
Child care center	13%	25%
Care by relative	57%	48%

("Current Population Reports", U.S. Census Bureau, Series P-70, No. 9 and Series P-23, No.129, 1989)

During this 10 year period, the number of working mothers with children under the age of five increased by 67 percent. During this same period the placement of children in family day homes, with relatives or in their own home declined, while placement in child care centers has nearly doubled, probably reflecting the increased numbers of women in the workforce ("Current Population Reports," No.129, 1989).

The TDHS 1988 Annual Report indicated there was 2 percent increase in the number of licensed centers in Texas from August 1987 to August 1988. In 1988 there were 7,002 licensed facilities and 14,022 registered family day homes in Texas. Proprietary centers, owned and operated as for-profit businesses, comprise 57 percent of all Texas child care centers. These centers rely on parent fees for income. The other 43 percent of Texas centers are organized as nonprofit organizations and rely on government subsidies, private donations such as United Way, in-kind services and parent fees. The distribution of nonprofit and for-profit centers in Texas closely mirrors the national distribution pattern.

The 1988 "Economic Impact Study of the Child Care Industry and Market conducted by the Information Institute revealed the following national profile of child care facilities:

- o Tax exempt: 55%
- o Median years in operation: 10
- o Average total enrollment: 81
- o Average tuition per child: $55 week
- o Average expenditure per child in 1988: $1,346

The National Perspective on Child Care Programs

The United States has no comprehensive child care policy and lags behind most other industrialized countries in addressing child care needs. According to a recent poll, over 50 percent of employed mothers are unable to find satisfactory child care while they are at work (National Research Council, 1989). The fact that the nation currently faces a child care crisis was confirmed through a study conducted by the National Research Council. The 1989 report, *Who Cares For America's Children?*, concluded that "existing child care services in the United States are inadequate to meet current and future needs." Not only is there no comprehensive child care policy on the national level, but also there is no federal system of regulation or funding.

The Dependent Care Tax Credit, which totaled $3.4 billion in FY'88, is the largest single source of government support for child care. Under law, parents of children under age 13 may claim up to $2,400 for the cost of care for one child and $4,800 for two or more children. Depending on income, tax credits range from $480 to $720 for one child and from $960 to $1440 for two or more children. Low-income families, especially those below taxable income, receive little or no benefit from the credit. (National Commission on Working Women of Wider Opportunities for Women Fact Sheet)

Several other major federal programs and legislation have had an impact on the care and education of young children.

- *Social Services Block Grant (Title XX)* This program provides general funding to states for social services, including subsidized child care for low-income families. On a national average, states devote approximately 18 percent of the grant money to child care. ("State Child Care," 1988) In 1988, Texas served 32,440 children, estimated to be less than 3 percent of those eligible for subsidized child care and only about 53 percent of its fiscal 1977 level. ("Texas Children," 1990)

- *Head Start* provides federal funds to local organizations which offer comprehensive preschool education to low-income children from birth through age five, though most are three to five years old. The majority of Head Start programs are half-day for nine months of the year and may not meet the need of working parents. Approximately 450,000 children throughout the nation are being served annually by Head Start. Since 1973, Head Start has had a mandate from Congress to set aside 10 percent of enrollment slots in each state for children with handicaps. In 1989, children with handicaps accounted for 13.3 percent of national Head Start enrollment. ("Head Start," 1990)

- *Child Care Food Programs*, funded by the U.S. Department of Agriculture, provide subsidies to centers and qualified family day care homes for meals and snacks. Free or reduced-price meals are prepared and served to children in approximately 833 child day care centers and 6,707 family day homes throughout Texas in 1989.

- *The Education for All Handicapped Children Act of 1975 (P.L. 94-142)* -- a federal law focusing on youngsters ages 3 to 21 years with handicaps -- introduced six key principles, all of which have had major impact on American education.

  1. Zero exclusion. All children with handicaps must be provided a free and appropriate public education. Local systems do not have the option of choosing whether or not to provide needed services.

  2. Nondiscriminatory evaluation. Each student must receive a complete and individual evaluation before being placed in a special education program, and tests must be appropriate to the child's cultural background.

3. Least restrictive environment. To the extent possible, children with handicaps must be educated with children who are not handicapped.

4. Due Process. Legal due process procedures must be in place to insure the fairness of educational decisions and the accountability of both professionals and parents in making those decisions.

5. Individualized education. An Individualized Education Program (IEP) must be developed for every child receiving special education. The IEP should describe the child's current performance, the educational goals for the child, and the manner in which services will be delivered to enable the child to reach those goals.

6. Parental participation. Parents are included in the development of the IEP and are guaranteed access to their children's educational records. (Gallagher, 1989)

- *Handicapped Children's Early Education Act (P.L. 90-538) of 1968* provided small sums of money to support demonstration models of early childhood programming for children with handicaps.

- *Handicapped Children's Protection Act of 1986, P.L. 99-372* allows parents and guardians of children with handicaps to receive monetary awards for attorney's fees should their procedural rights granted by P.L. 94-142 be violated.

- *Education of the Handicapped Act Amendments of 1986 (P.L. 99-457).* The stated purposes of Part H (handicapped infant and toddler) are:

  1. to enhance the development of infants and toddlers with handicaps and to minimize their potential for developmental delay;

  2. to reduce the educational costs to our society, including our nation's schools, by minimizing the need for special education and related services after infants and toddlers reach school age; and

3. to enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps.

- *The Tax Reform Act of 1986* retained provisions which permit businesses to deduct day care expenses as an ordinary business expense and which allowed employees to pay for day care with pre-tax dollars as part of a "cafeteria of benefits" program.

- *The Family Support Act of 1988,* a federal welfare reform initiative, includes provisions for child care assistance to participants in education, employment and training programs and transition assistance for the first year of employment. The provisions for child care assistance reflect an understanding that affordable child care is essential for parents to prepare for work and to remain employed. Funding for child care is limited to families who are receiving Aid to Families with Dependent Children (AFDC) program benefits and who are also participating in approved education and training activities. Eligibility may continue for a period of 12 months after they become ineligible for AFDC benefits due to employment earnings.

  States are reimbursed by the federal government for a share of the total cost of care. The maximum reimbursable cost of child care can rise to the 75th percentile of the local market rate, with the federal share paid at the state's Medicaid rate (but not lower than 60 percent). Federal matching funds are available for resource and referral services that can inform parents of local child care options. An important aspect of the act is the "parent choice" feature which allow parents to choose the type of care they prefer from available options.

- *The Americans With Disabilities Act (ADA) of 1990* was signed into law by President Bush on July 26, 1990. The ADA is the first comprehensive civil rights legislation for people with disabilities. It prohibits discrimination in employment; in public accommodations such as restaurants, hotels, shopping centers, child care centers, and offices; in transportation; and in telecommunications.

Child care centers are covered under the public accommodations section of the law. This means that all newly constructed child care centers must be accessible to children and adults with disabilities. In addition, physical barriers in existing centers must be removed and made structurally accessible, provided that such changes are readily achievable. If not alternative methods of services must be offered if readily achievable. Currently, federal rules are being developed to guide implementation of the law.

- *Child Care and Development Block Grant of 1990* provides states with federal funds to address the issues of affordability, accessibility, and quality. The federal legislation authorizes $750 million for the block grant in FY 1991, $825 million in FY 1992, $925 million in FY 1993, and necessary sums for FY 1994 and 1995. States will receive funds according to a formula that takes into account the number of children younger than age five, the number of children receiving free and reduced price school lunches, and state per capita income. Texas is authorized to receive $57.5 million in FY 1991, $64.8 million in FY 1992, and $72.6 million in FY 1992. Provisions in the legislation allow for (1) activities to increase the supply of child care, (2) assistance to low income working parents, (3) support of parental choice in the selection of child care services, and (4) quality improvement activities for child care including early childhood education and latchkey (afterschool) programs. Clarification of the legislation and priorities is currently underway.

The State Perspective on Child Care Programs

Major state programs or legislation which have had an impact on programs for the care and education of young children include a number of bills passed during the 71st Texas Legislature (1989).

- *Senate Bill 1480* provided for the establishment of a Child Care Development Board to develop and administer a pilot program to provide child care services for state employees in the Austin Capitol Complex. The bill further requires the State Purchasing and General Services Commission (SPGSC) to consider

the creation of child care centers in any new buildings and in major renovations of state-owned buildings. The board is responsible for providing SPGSC with specifications for the pilot child care facility site and for selecting the provider to whom the facility will be leased. The child care provider will pay all infrastructure costs such as equipment and furniture for the facility, and state employees will contract directly with the provider for child care.

Prior to the passage of this bill, the State School for the Blind in Austin became the first state agency in Texas to provide on-site child care. This was made possible by the fact that this agency owned the property and had available space.

- *Senate Bill 913* requires school districts with a population of over 5,000 students that do not already provide after-school child care services to consider the issue in at least two public hearings. These school districts must review the need for and the availability of child care before and/or after the school day and during school holidays and vacations.

  This bill also established a School Child Care Services Fund in the State Treasury to implement care programs for school-age children. The fund is made up of any appropriated money, gifts, or donations and 1/2 of FICA funds the state has as saved as a result of the state child care payroll reduction program.

- *House Bill 1440* addresses the issue of kidnapping of young school children. Under this bill, schools and child care facilities must require identification by birth certificate as a criterion for enrollment. If proper identification is not provided, the school or child care facility must notify law enforcement personnel to investigate.

- *House Bill 606* allows school districts to expand their bus routes to provide delivery services for their regular pupils who are placed in school care facilities or who live within two miles of the school.

- *House Bill 713* addresses family day homes. Previously a family day home could care for up to six preschool age children and up to six elementary-age children who were siblings of the preschoolers. This bill eliminates the sibling

requirement. A family day home can still care for only six other elementary-age children, but they do not have to be siblings of the preschoolers.

- *Senate Concurrent Resolution 51* called upon the State Board of Education to consider the use of $2 million of discretionary funds available to the Texas Education Agency (TEA) to pilot the development of a before- and after-school program for children that includes parental involvement.

Implementation of the *Child Care Management Services* system is one of Texas' responses to the Family Support Act of 1988 requiring parental choice for child care to support education, employment, and training programs for AFDC recipients. The Texas Department of Human Services (TDHS) plans to begin statewide implementation of the new Child Care Management Services (CCMS) system in November 1990. The CCMS model was developed through public meetings; as well as meetings with providers TDHS field staff, advisory groups, and representatives of child care programs in other states. It incorporates elements addressing families, providers, local communities, and TDHS. The guiding principles of CCMS include the following features:

For families and children:

- An expanded choice of accessible child care arrangements;
- An identifiable source of child care information and assistance;
- Continuity of care arrangement; and
- Care that meets the needs of each child and family.

For communities:

- An opportunity to coordinate funding and other resources for child care, caregiver training, child health and improved child care.

In addition, child care providers will be assured greater opportunities for participating in the delivery of TDHS paid care, less paperwork, timely payment and resources for staff training and program improvement. TDHS will consolidate the management of subsidized care resulting in simple, effective, administration and better data for needs assessment, planning and reporting (TDHS Child Care Management Services briefing papers; May 14, 1990).

Early Intervention Programs

Texas was one of the first states to put into place a comprehensive, statewide, interagency system for early intervention. This took place in 1981 with the creation by the Texas Legislature of the Early Childhood Intervention Program (ECI). This is a statewide effort in which four state agencies -- the Departments of Health, Mental Health and Mental Retardation, and Human Services, and the Texas Education Agency -- work together to fund and monitor educational and therapeutic services to help children maximize their strengths and help families cope with the problems presented by children's serious disabilities.

Although some ECI programs help families find appropriate child care services, early intervention programs are not child care programs but are therapeutic services provided for one or more hours per week. Within the past year ECI services have been made available in every county in Texas. ECI programs in Texas are placing children with developmental delays in child care programs, screening children in child care programs to help identify possible disabilities, and in some cases are actually providing services at the child care facility. In many areas, ECI programs have arranged to screen the children at child care centers. ECI program staff have also provided in-service education to child care program staff. Over 10,000 children currently receive services through ECI.

In addition to the various state agencies' efforts to support and enhance the child care industry, the efforts of other statewide groups, organizations, and associations which are active in this field are summarized below: (in alphabetical order)

The Child Care Working Group of Texas. The United Way of Texas "Child Care Working Group" is a voluntary committee that includes representatives from over 100 state and local agencies and organizations concerned about child care in Texas. The group first met in January 1986 to "promote the economic and social well-being of Texas families, by assuring the availability of child care options which are developmentally appropriate, accessible, comprehensive, and affordable." Members meet quarterly to share information and develop responses to and strategies for proposed public policy, and ad-hoc work groups address specific issues and develop recommendations.

Now in its fifth year, the working group has developed, adopted and disseminated *"Critical Elements For The Development Of Child Care Policies"* and *"Basic Principles For Administering A Child Care System In Texas"*. (Both of these published statements can be found in Appendix II.) The *Critical Elements* paper contends that child care programs are an essential service for families and that "quality child care services should be available to all children; an adequate and stable supply of quality child care is assured through planning for consistent program/agency funding; programs are available to meet the full range of families' needs, including infant care, school-age care, care for special needs children, and other specialized care; and the development of affordable, quality child care is maximized through integrating the efficient use of existing resources with the planned development of new resources." The *Basic Principles* text included the following proposals:

- "Programs for young children should be coordinated fully among the public, private and voluntary sectors in order to ensure the maximum number of children are served in a cost-effective manner by the highest quality care available,"

- "Public, private and voluntary sector funding sources for programs serving young children (e.g. city, county, United Way, state, federal, corporate, parent fees, etc.) should be fully coordinated in order to ensure quality care for all children eligible to be served by such funding,"

- "... furthermore, all providers who desire to enhance the quality of their programs should have access to the resources to do so," and

- "Appropriate referral and educational practices must be used in assisting parents to become informed consumers of child care services."

The *Corporate Child Development Fund of Texas* is a private, nonprofit corporation which strengthens child development programs in Texas by developing resources, providing information and training, and creating economic support opportunities. This mission is fulfilled by: (1) providing leadership and

advocacy; (2) organizing work groups and professional organizations; and (3) creating public and private partnerships to support educational opportunities and promote public awareness of the issues related to quality programs for children and families. Their goals include increasing the availability and quality of child care through economic and leadership development; increasing resources and services to children and families through program development; and serving as the information collection and distribution center for the child care industry in Texas. Specific activities have included developing financial resources for children's programs; providing technical assistance in business management for child care programs; providing development and support of professional associations; publishing the Texas Child Care magazine; and developing information and referral programs.

The *Texas Association for the Education of Young Children (TAEYC)* is a membership organization of early childhood professionals and others dedicated to improving the quality of services for young children and their families. An affiliate of the National Association for the Education of Young Children, TAEYC has more than 3,500 members. According to their mission statement, TAEYC "works to maximize the developmental and educational opportunities for Texas' children." National and state activities include:

- a nationwide voluntary accreditation system to promote and recognize high quality early childhood programs;
- collaboration with media representatives to inform the public about the needs of young children;
- informed advocacy efforts to gain support for high quality early childhood services at all levels of government;
- Action Group grants ($100 - $400) to stimulate membership and community projects that increase the quality of life for children and families;
- development of position statements to guide practice as it relates to curriculum and assessment, compensation, and professional development issues; and

- annual conferences which offer the latest information about state and national issues, legislation affecting early childhood services, and the latest early childhood products and services.

The Texas Child Care Resource Clearinghouse at the Texas Employment Commission was established by the Texas Legislature in 1987 to provide child care information and technical assistance to state agencies, public and private employers, and individuals. The Clearinghouse provides Texas employers with information about options for child care assistance, resources for technical assistance in implementing a benefit program, and model programs, and it maintains a computerized data base that provides job applicants with the names and telephone numbers of local child care resource and referral services. The development and implementation of the Clearinghouse has been made possible by financial and in-kind contributions from corporations, foundations, state agencies and community organizations, and the assistance of a 12-member voluntary private-sector advisory committee.

The Texas Licensed Child Care Association (TLCCA) was formed in 1958 to band together the facilities and owners that were voluntarily licensed for the purpose of training and state legislative initiatives. With a membership of 805, the association strives to:

a) educate members about the latest business developments and management techniques applicable to the child care industry;

b) further the education of members in child development;

c) provide a collective voice to the legislature;

d) be informed of all proposed standards and legislation concerning child care facilities;

e) be an advocate for the proprietary child care industry; and

f) educate the public in the value of licensed child care for all children in out-of-home care.

TLCCA is very active in the Texas legislature and has employed a lobbyist for over nine years. In addition to their advocacy efforts, the association has achieved a cooperative working relationship with the Texas Department of Human Services and other regulatory agencies; and has co-sponsored the Professional Administrator Credentialing Program which has trained over 1340 child care owners and directors since 1986.

The *Texas Professional Home Child Care Association* is a nonprofit association of family child care volunteers dedicated to promoting quality through technical assistance to more than 75 local and regional family day home associations. This networking process has brought together community and statewide resources including the Department of Human Services and over 350 participating volunteers. The association formally installed a Board of Directors in 1989 and will host its second statewide conference in 1990. One of the state association's goals is to provide technical assistance to and advocacy in support of local and regional family day home associations.

In addition to the federal and state efforts aimed at helping meet the needs of our youngest citizens, employers across the nation are beginning to realize the importance of satisfactory child care. In Texas, employer initiatives are identified, monitored and supported by the Texas Child Care Clearinghouse. Presently, a variety of benefits are being offered by employers, some of these include:

- On-site care in which employers operate or provide care at or near the workplace;
- Staff subsidies or vouchers which employees may redeem at centers or caregivers of their choice;
- Discounts which employers arranges for employees at selected child care programs;

- Flexible benefits (cafeteria plan) in which employees can select child care as one of their benefits;

- Spending accounts (salary reduction) in which employees take a deduction in taxable income through a set aside amount of salary to be used in paying for child care;

- Information and referral services, provided by employers in-house or through contract with an outside company;

- Family day care homes in which companies recruit and pay for training and licensing of caregivers to provide care for employees' children;

- Sick child care which employers provide through in-home nursing services or centers set up to care for mildly ill children; and

- Alternative work patterns that include options such as flex-time, job sharing, family leave and parental sick leave.

CHAPTER III

METHODOLOGY

"A lot of special needs children are having problems because they are being put on a shelf. Some parents need a lot of help dealing with their kids, their kids problems, their jobs and their everyday problems. They look to us to help. I wish we could help more." (Child care center director from Temple, Texas)

In order to meet the objectives of the study, the following methodology was employed:

a) A Project Advisory Committee was established to assist the project team in setting the overall direction for the study and subsequent recommendations;

b) A review of literature was conducted as well as a search to acquire information and research of successful programs, integration trends and other state studies;

c) Focus and discussion groups were conducted with experts from other states and representatives from other groups or organizations involved in child care integration efforts;

d) A survey of parents of children with disabilities who were consumers of child care was conducted in order to acquire information regarding consumer perspective and experience; and

e) Surveys of licensed facilities and family day homes operating in Texas were conducted.

Project Advisory Committee

A Project Advisory Committee was established to assist the project team in setting the overall direction for the study and subsequent recommendations. The committee was made up of representatives from Texas Department of Health, Texas Education Agency; Texas Department of Human Services; Texas Employment Commission Child Care Resource Clearinghouse; Texas Early Childhood Intervention Program, the Hogg Foundation for Mental Health; United Cerebral Palsy, the Texas Licensed Child Care Association, a local child care provider, parents of children with disabilities and a community advocate. Throughout the course of the study, individual members and the committee as a whole provided support through shared expertise, review and comment, advice and consultation. The committee convened seven times from September 1989 through September 1990.

Review of Literature and Research

In order to meet the study objectives, an extensive search was made to acquire information and research on successful programs, integration trends, and results of other national and state studies. Over 45 requests were sent to various programs across the nation for information and a review of literature was conducted regarding child care issues related to integration.

A review of literature indicates that social interactions develop over time between young children with disabilities and their peers. From this social integration eventually comes physical integration. In order to begin this process, intervention to promote social interactions may be needed to assure social integration of young children with disabilities. The need is more critical when serving children with moderate to severe disabilities. (Field, Roseman, DeStefan, & Koewler, 1982).

Studies show that the development rate of non-disabled children is not affected by integration with peers who have disabilities. Research also indicates that children with disabilities benefit as much or more from integrated settings than from segregated settings. (Odom & Strain, 1984)

Teacher attitudes, competence, and preparation are contributing factors to the success of early childhood integration.

Parental attitudes, beliefs, concerns and fears toward integration do exist. A study conducted at the Frank Porter Graham Child Development Center of the University of North Carolina at Chapel Hill examining parents' expectations about integration suggested that from the parental perspective, early childhood integration seems to work well for children. However, parents surveyed indicated that a need exists for promoting interaction between families of children with handicaps and those with non handicapped children. For integration to be successful, it must include the integration of both the child and family into the community (Bailey & Winton, 1987).

The federal mandate for early childhood intervention services under P.L. 99-457, Part H, is forcing the creation of an appropriate delivery system for early intervention which will result in the coordination of specialized services with numerous community based programs. Family-focused concerns will vary greatly as the families themselves differ in cultural, economic, and religious backgrounds. Specific intervention and integration needs will have to be addressed. In short, to be accomplished successfully, integrated service delivery will require extensive coordination and training efforts. A partnership must be created and maintained among all providers.

A review of the preliminary implementation of PL 99-457, Part H revealed that the two most active partners in this effort are Early Childhood Intervention (ECI) and child care programs, programs with different goals and purposes. ECI programs provide services to families to help children within the family unit. ECI programs in Texas provide physical, occupational, speech and language therapy, social activities, and self-help skills to children from birth to three years of age who have been identified as having developmental delays. These intervention services may be provided in either the child's or caregiver's home, in child care facilities or in therapeutic facilities. ECI programs are not child care programs; however, intervention services may be provided within the child care setting. In contrast, child care programs provide opportunities for social, self help and cognitive development but little or no therapeutic services.

Studies show that integration can and does work. Successful approaches to integration include:

1. Encouraging therapists in public school special education programs to go into child care centers to provide the necessary early intervention educational and therapeutic services for specific, eligible children. The school system would be responsible for the cost of all services allowed by P.L. 94-142 and P.L. 99-457. Children with handicaps would be fully mainstreamed and would receive specialized services within the context of the child care program.

2. Establishing technical assistance programs specializing in early intervention to assist in staff development at child care centers where children with handicaps are in attendance. The type of staff development needed would be determined on a case-by-case basis.

3. Enabling children enrolled in segregated early intervention programs to visit local child care centers, mothers-day out programs, gymnastics programs, etc, one to two days per week. Collaborative arrangements play a major role in this type of integration.

In response to P.L. 94-142 and P.L. 99-457, several states are conducting or have recently conducted studies related to the key issues in these laws. Following is a summary of the major studies.

The Ohio Department of Education, Division of Educational Services, Early Childhood Section is exploring service delivery options in order to provide guidance and recommendations to school districts. Five, three-year projects have been funded which address service delivery, research, personnel preparation, interagency collaboration and information dissemination. Information obtained from these current projects will be used to: (1) guide the development of a comprehensive, statewide service delivery system for early childhood special education; and (2) provide direction for school districts as they begin to put programming in place.

Services to Children with Special Needs of the Maryland Committee for Children, Inc. completed a paper in October 1989 clarifying the reasons for the

scarcity of child care for children with special needs from birth to adolescence. The paper also defined the child care needs that exist, explained the benefits of such care to both families and communities, and proposed the following recommendations to alleviate the scarcity.

1. Expand referral services for parents of children with special needs.

2. Provide technical assistance and consultation services to providers who wish to care for children with special needs.

3. Expand training for providers, public agency personnel and parents.

4. Provide incentives to help recruit providers.

5. Provide assistance to parents of children with special needs to help pay for increased child care costs.

Child Care and Development Needs in California Families of Children with Disabilities was California's first comprehensive statewide needs assessment on children with disabilities. The three main purposes of the study, which was conducted in January 1988, were to:

1. describe the population of children with disabilities in California and to estimate the extent of the need for child care and developmental services;

2. describe the special services and improved access to services needed by different segments of the population and to identify effective service models; and

3. develop recommendations for improving services.

Recommendations from this study focused on:

1. provider training and support;
2. integration of child care into comprehensive service plans;
3. cost and reimbursement strategies;
4. specialized service needs;

5. respite care; and
6. accessibility.

Both academic studies and the popular press (or the media) indicate that child care is a major issue across the nation. Two of the most important factors related to this issue are availability and cost.

Child care is in short supply in some areas, especially in rural areas and in low-income neighborhoods. Child care for infants, and for children with chronic health problems and other handicaps is scarce and expensive at best and often is totally unavailable in rural and low-income areas. Lack of available child care often causes stress to both families and children. It can be detrimental to the economy, resulting in higher absenteeism and lower job productivity.

For many, the cost of child care is prohibitive, ranging from 10 to 25 percent of a family's monthly gross income. According to the U.S. General Accounting Office, lack of affordable child care prevents six out of every ten mothers on Aid to Families with Dependent Care from participating in education and training programs. (Texas Children, 1990)

Focus and Discussion Groups

To obtain data on communities and programs that have addressed integrated child care in Texas and the nation, project team members conducted focus or discussion groups with participants at three major conferences:

- National Association for the Education of Young Children's National Conference in Atlanta, Georgia, November 1989. Participants were workshop and seminar leaders addressing integrated child care studies and programs.

- Texas Early Childhood Intervention Annual Conference in Austin, Texas, April 1990.

- Texas Licensed Child Care Administrator's Annual Conference in Austin, Texas, April 1990. Participants were owners, directors, and administrators of proprietary child care centers.

A summary follows of the issues and findings identified by these groups.

A. National Association For The Education Of Young Children (NAEYC) Conference

In response to personal invitations extended prior to the conference, 17 individuals participated in the focus and discussion groups. All were presenters at NAEYC workshops, seminars or training sessions related to research they had conducted in their respective states. Following are the highlights of their discussion:

- The lack of on going training opportunities and trained staff is a major reason why providers are reluctant to provide care for children with special needs.

- Parents are the best recruiters of child care providers willing to provide services to children with disabilities.

- Practical, hands-on experience with children with disabilities has proven to be the best recruitment and training method for child care providers. This allows a focus on the way in which children are alike rather than on how they differ. Most people have very limited first-hand, personal experience with children with disabilities.

- The fear of not having adequate skills to provide the necessary care for children with various disabilities and the need to commit additional financial and staff resources to meet increased staff/child ratios are common barriers to the provision of integrated child care services.

- Frequently, providers are asked to make a commitment to care for a specific child without a full understanding of the resources available or not available to them. This fear of the unknown increases their reluctance.

- Opportunities are needed to provide an on going support system to child care providers and parents for the acknowledgment of fears, discussion of issues and problems, exploration of creative problem resolution, and general support.

- Among child care professionals, it commonly requires 6 to 12 months to learn about all the agencies, resources, laws, etc. that are available within a state structure. Parents and caregivers needing assistance are also at a disadvantage because of turnover in staff and changes in state agency programs. The state agency systems are dynamic and almost yearly there is the need to relearn delivery systems, eligibility criteria, and service procedures.

- Legislative and political forces in the mainstreaming effort are not generally understood by the child care industry, which limits others from becoming involved.

- Parents of children with disabilities have very definite ideas about child care service delivery models and frequently are reluctant to use child care unless they have been consulted about the program plan.

- Parents are the best recruiters of child care providers for children with disabilities.

- Therapeutic specialists tend to lose sight of "normal" growth and development patterns and attempt to integrate their services into the child care setting as a way to both customize their services and to provide their services in the most normalized setting.

- There is a growing trend to recognize and seek the expertise of personnel with early childhood education backgrounds in preference to those with special education backgrounds because of the perceived value of a holistic approach in addressing the needs of children, rather than the treatment of a symptom or a handicapping condition.

- Training and technical assistance resources and opportunities are needed on a continuing basis due to the high turnover rate among child care staff, enrollment cycles, and development patterns of young children.

- There are increasing numbers of hard-to-place children needing child care services for part or all of the day. These are children who have medical problems, are technology dependent, have apnea monitors, and who require constant vigilance. Day home providers and centers are reluctant to provide care for these children due to such pragmatic issues as staffing, liability, and emergency handling.

- A set of standard practices for all children is emerging among the child care, special education, medical and early childhood professions. These emerging standards include the integration of developmentally appropriate practices throughout the day.

- Low staff salaries and high turnover rates of child care providers continue to inhibit the success of integration efforts.

B. <u>The Texas Early Childhood Intervention Annual Conference</u>

At this statewide conference 24 participants representing 10 Texas cities took part in a discussion group. They identified several issues and ideas.

- Integrated programs provide numerous benefits, for children with and without disabilities. Among those are modeling opportunities, sensitivity development, least restrictive environment, socialization skills and multiple opportunities for meeting comprehensive development needs.

- Programs integrating therapeutic services and child care services tend to provide an easier and smoother transition for the child and family as they enter the public school system.

- Child care centers typically are neighborhood based and thus more accessible to families than are therapeutic programs. This supports the integration of ECI services into the child care program.

- Child care providers historically have been sensitive to and have actively addressed parent involvement and parent education in child growth and

development. Thus, parents are frequently more willing to discuss expectations for their children with child care providers.

- Major concerns are the inadequate experience and training qualifications of child care staff to provide adaptive programs appropriate for individual children with disabilities, and the low salaries and high turnover rates of child care workers which impact staff recruitment and training efforts.

- Four major barriers to child care providers acceptance of children with disabilities were indicated:

  1. Staffing;
  2. Space;
  3. Fear of the unknown; and
  4. The need for adaptive and/or new equipment and materials.

C. <u>The Texas Licensed Child Care Administrators Annual Conference</u>

In April 1990, project staff was invited to host a workshop on child care for children with special needs. Fifteen individuals participated in the workshop, primarily owners, directors, and administrators of proprietary child care centers from nine cities. They identified general issues and concerns.

- Many of the requests to serve children with disabilities come from the parents of a previously enrolled non-disabled child after the birth of a sibling with a disability.

- Providers have a great concern about training staff to care for a child with disabilities only to lose staff to a higher paying job.

- Directors are concerned that asking staff to care for children with special needs will add one more burden to an already over burdened and underpaid staff member.

- Child care providers and parents alike have a continual problem with transportation to and from therapy sessions.

- Providers are concerned about liability and insurance issues. Those who have accepted children with disabilities indicated they had either not informed their insurance carriers or informed them at renewal time and did not experience significant increases.

- Providers unanimously acknowledged their feelings that integrated child care opportunities were mutually beneficial for children, parents and staff.

- Providers were positive about encouraging therapists and medical professionals to come into centers for training and consultation.

- Providers agreed that education is needed to help therapists and other professionals understand the role of child care and the uniqueness of each child care center in terms of philosophy, curriculum and services.

Parent/Consumer Survey

In order to obtain information from parents regarding their needs or concerns about child care, a short child care survey was distributed to a small group of parents of children with disabilities across the state. The study did not presume to create a scientific sample but rather to provide a "snapshot" of ways parents of children with disabilities are dealing with the issue of child care.

The 56 parents surveyed were from 11 communities -- San Antonio, Houston, Dallas, Austin, Lubbock, Amarillo, Abilene, Dumas, Aspermont, Childress and Pampa were surveyed. Their children ranged in age from 3 months to 9 years, with an average age of 2.59 years. All were enrolled in some type of early intervention program.

Among the disabilities reported were a single handicapping condition; approximately 48 percent, two handicapping conditions; 26 percent, and three or more handicapping conditions; 25 percent. In this group, 12 children had a visual impairment; 8 had some degree of hearing impairment; 28 had a speech impairment; 17 had orthopedic impairment; 29 had developmental delays; 3

were emotionally disturbed; 4 had behavior problems; and 7 had various other disabilities.

Of the 31 parents currently using some type of child care service, 20 were using licensed centers; 6 were using family day homes; 6 were relying on relatives and/or friends; and 3 were using a caregiver in their own home. Five parents provided all the care themselves.

Of the parents who were not currently using child care, 12 indicated they do not need it; 1 could not find care; 9 could not afford care; 4 could not find a center that would take the child because of his/her special needs; 1 could not find a center that would provide service the hours needed; 1 could not find transportation; and 3 related "other" barriers to access to child care.

Parents made the following comments regarding their attitudes and experiences:

"I don't trust child care centers with my child."

"I would like to see available a place where people are comfortable with special kids with different problems."

"My current child care is church affiliated. I feel that in these types of child care centers, acceptance of handicapped children is part of the overall philosophical commitment."

"The center only agreed (to enroll the child) because an older sibling was already enrolled."

"More instruction to caregivers is needed on handling special needs children"

"Would like more people trained to take care of special children."

"More time is needed with therapists."

"More time is need with other children."

"We need a center that helps with special problems and is less expensive."

"I would like to have more choices available."

Surveys of Licensed Facilities and Family Day Homes

The project called for a survey of child care centers and family day homes to:

a. determine the characteristics of facilities that accept children with disabilities;

b. identify the major risks and barriers to the acceptance of children with disabilities; and

c. identify incentives which will promote the development of integrated child care programs.

Initially it was conceived that one comprehensive survey effort would result in sufficient data regarding center based care, group home care and family day home care. However, child care professionals and TDHS personnel agreed that two different surveys would be necessary to reach the two major types of providers. Thus, a mailout survey was used for centers and group homes, and a telephone survey was used for registered family day homes.

The mailout survey for licensed centers and group homes was developed by staff, reviewed and revised three times by the Project Advisory Committee, and field tested. Towards the conclusion of the survey development effort, TDHS requested that to conform with the requirements of the Family Support Act of 1988 and the development of a "parental choice" child care support system, the study also gather information relative to rates charged by child care providers for children with disabilities. This collaborative effort was approved and the information included as it would be beneficial to TDHS in planning strategies to meet the needs of AFDC parents of children with disabilities. (See Appendix III-A.) Due to the extraordinary length of the survey, a prize of a free weekend in San Antonio was used as an incentive for providers to respond.

A random sample of 3,110 licensed centers and group homes was selected from a total population of 5,925 on the TDHS data base of August 1989. Three weeks following the initial mailout of the survey instrument, a reminder post card was sent to all those who had not responded. (See Appendix III-B.)

Concurrent with the licensed facility survey, a telephone survey was conducted with family day home providers. The survey instrument was adapted from the mailout survey to allow for a 12 to 15 minute telephone interview with each day home provider. TDHS drew a random sample of 763 providers from their data base of 14,216 day home providers effective January 1990. 495 providers were interviewed providing a 90% confidence level with an error rate of ± 5. Post cards were sent to the 763 providers to advise them that their name had been chosen in the sample and to expect a telephone call. (See Appendix III-C.) The University of Texas, School of Social Work received a contract to conduct the interviews with social work students trained in telephone interviewing techniques. The interviews were completed within a four-week period using the approved survey instrument. (See Appendix III-D.)

CHAPTER IV

FINDINGS AND CONCLUSIONS

"Caring for special needs children has no been a burden. It is very rewarding. It's an asset for non-handicapped children. There is however, a REAL need for funding... It sometimes cost centers more money to care for these children. Some take "lots" of time and patience." (Child care center from Ida Lou, Texas)

SUMMARY OF LICENSED FACILITY SURVEY

Of the 3,110 surveys mailed, only 588 (19%) were returned. This response rate was adequate for a mail survey but the response was not high enough to ensure that respondents were representative of the population of licensed child care centers and group homes. The results provide descriptive information relative to those 588 facilities only. The cover letter sent with the survey indicated the involvement of TDHS and this may have influenced the response of facilities which are sensitive to the regulation arm of the agency and/or who receive state and federal funds which prohibit discriminatory practices. Thus, it was concluded that the data attained through the mailout survey might be significantly biased in favor of those child care centers which are providing services for children with disabilities. In fact, over three-fourths of the facilities surveyed indicated that they either currently care for children with disabilities or would be willing to provide care for this population. Once this bias is accepted, the data becomes useful as descriptive information regarding current practice and attitudes of practitioners of integrated child care services for children with disabilities. The following pages provide selected results of the surveys.

A. Profile of 588 Centers and Group Homes in Texas

The information in Table 2 describes the basic characteristics of the 588 licensed centers and group homes.

Table 2
Description of Licensed Child Care Facilities

	N	Percent
Location		
Urban	517	88.0
Rural	71	12.0
Licensed Capacity		
30 children or less	88	18.0
31 - 140 children	333	68.0
More than 140 children	70	14.0
Serving Children With Disabilities		
Currently serving	285	48.0 *
Willing to serve	171	29.0
Not serving and not willing	132	23.0
Affiliation with Chain		
Part of chain (national or local)	82	11.0
Not part of chain	506	86.0
Major funding sources		
Parent fees	529	90.0 +
Child care food program	129	22.0
TDHS Day Care (Title XX)	94	16.0

* One percent of these serve *only* children with disabilities

+ This implies that only 10% of all programs responding are fully subsidized through one or more funding sources *other than parent fees.*

The child care settings of these facilities included an average full-day enrollment of 61 children and an average full-week (5 days) enrollment of 66 children. When asked about the anticipated change in the program if care were to be provided to children with disabilities, 90 percent agreed that there would be a change, but in most cases the changes were perceived to be positive. That is, only 7 percent indicated that the change or impact of providing care to a child with disabilities would have a negative impact on their programs.

To encourage centers to provide care to children with disabilities, the survey asked respondents to indicate what factors would be considered incentives. Table 3 lists the top five incentives cited by the respondents. Because respondents were asked to select five incentives, the percentages listed total more than 100%.

Table 3

Incentives for Child Care Providers
to Serve Children with Disabilities
(N = 588)

	N	Percent
On-site training and technical assistance	442	75.0
Funds to cover start up	442	75.0
Staff training/workshops	410	70.0
Additional payment for specific children	316	54.0
Facility and program planning consultation	207	35.0

B. Profile of the Facilities Currently Serving Children with Disabilities

Forty-eight percent (285) of the facilities indicated that they are currently serving children with disabilities. One percent of these serve only children with disabilities.

Table 4 displays information pertaining to the population of children with severe disabilities who are currently being served. Respondents were asked to indicate the degree of severity of each handicapping/disability condition on a five point scale from minor problems to a score of 5 for the greatest level of severity. It should be noted that due to the wide diversity of definitions of disabilities and handicapping conditions, the survey did not define specific conditions, but left definitions to the respondents based on the five point scale.

Table 4

Children with Severe* Disabilities
Currently being Served
(N = 285)

	N	Percent
Problems with:		
Attention	145	51.0
Speech	131	46.0
Behavior	125	44.0
Mental retardation	108	38.0
Understanding others**	94	33.0
Mobility	91	32.0
Hearing	68	24.0
Vision	51	18.0

* Respondents who indicated providing care for children at points 4 or 5 on the five point scale

** This response addressed receptive language abilities

In addition to disability, questions were asked about aspects of care such as changing diapers of older children, tube feeding or maintaining special equipment. This information is displayed in Table 5.

Table 5

Children Requiring Special Care
& Are Currently Being Served
(N = 285)

	N	Percent
Older children in diapers	68	24.0
Children who are medically fragile*	60	21.0
Children requiring special medical equipment such as respirators, oxygen, and tracheotomy tubes	49	17.0
Children who have to be tube fed	13	5.0

* A definition of 'medically fragile' was not given.

For the 285 centers currently providing care to children with disabilities, only 6 percent (or 17 centers) maintained a waiting list, averaging two children per list.

An additional analysis compared those who currently serve children with disabilities with those who do not, according to size of the center. The results of this analysis are found in Table 6.

Table 6

Centers That Serve Children With Disabilities
by Size of Center
(N=491) *

	N	Percent
Large size centers (140+)		
Serve	42	60.0
Do not serve	28	40.0
Medium (31 - 140)		
Serve	167	50.0
Do not serve	166	50.0
Small (up to 30)		
Serve	27	31.0
Do not serve	61	69.0

* The size of the center could not be determined for the entire response group.

As can be seen in Table 6:

Nearly two thirds of the large centers serve children with disabilities, equal numbers of medium-sized enters serve and do not serve, and approximately one-third of small centers serve children with disabilities.

C. Profile of Facilities Willing to Serve Children With Disabilities

Twenty-nine percent of these respondents indicated a willingness to serve children with disabilities, although they were not currently doing so. Table 7 displays information regarding the types of disabilities of children they would and would not be willing to accommodate. As can be seen, very few are unwilling to provide services.

Table 7

Willingness of Centers to Serve Children with Specified Disabilities
(N = 454)

	N	Percent
Children who have difficulties with:		
Speech	377	83.0
Hearing	371	81.7
Mental Retardation	369	81.3
Understanding Others*	366	80.6
Attention	366	80.6
Vision	363	79.9
Behavior	359	79.1
Mobility	319	70.3

* This response addressed receptive language abilities

Information about the facilities' willingness to serve children with other "special" needs is given in Table 8.

Table 8

Willingness of Centers to Serve Children Requiring Special Care
Centers Currently Serving or Willing to Serve
(N = 454)

	N	Percent
Children who are medically fragile*	133	29.0
Older children in diapers	132	29.0
Children requiring special medical equipment such as respirators, oxygen and tracheotomy tubes	87	19.0
Children requiring tube feeding	55	12.0

* A definition of "medically fragile" was not given.

Child care centers are less willing to provide services to children who require tube feeding and special medical equipment than they are to older children who are in diapers or children who are medically fragile. However, the greater willingness to serve children who are medically fragile may be artificial since the term was not defined.

A comparison between centers currently serving children with disabilities and those willing but not currently serving, was made in terms of the incentives to provide care. The two groups did not differ in terms of the top four ranked incentives:

1. on-site training and technical assistance
2. funds to cover start up
3 staff training/workshops
4. additional payment for specific children

For those currently serving children with disabilities, the fifth and sixth ranked incentives were:

5. therapy sessions and
6. specialized referral services

For centers which are willing but not currently serving children with disabilities, the fifth and sixth ranked incentives were:

5. facility and program planning consultation and
6. therapy sessions

The discrepancies were predictable in that centers already serving children with disabilities wanted more specialized referral services, whereas centers which expressed interest in providing services called for facility and program planning consultation.

D. Composite Profile of Group Homes and Centers Willing to Serve and Those Currently Serving Children with Disabilities

A total of 77 percent of all respondents, or 454 centers, were either currently serving or willing to serve children with disabilities. Of this group, a total of 304 centers indicated that they had been asked to serve at least one child with a disability during the past year. Sixty one percent, or 277 centers, indicated that they had received, on the average, six requests during the past year and that at least 50 percent of these children could not be served. In other words, if an average of 3 requests for each of 277 centers is refused, then 830 individual requests for service were turned away within a one year period time.....just by those centers that responded to the survey.

The most frequent reasons given for inability to serve children with disabilities are found in Table 9. The figures found in Table 9 do not sum to 100% since the respondents were able to give more than one reason for not providing services.

Table 9

Reasons for Not Serving Children with Disabilities
(Centers Currently Serving Or Willing to Serve)

Reason:	N	Percent
Would have required more staff	65	14.0
Handicap was too severe for staff to handle	62	14.0
Would have required more staff training	59	13.0
Have never served children with this type of disability	36	8.0
Would have required building modifications	30	7.0
Spaces for children with disabilities were at maximum capacity	25	6.0
Do not want to serve children with this type of disability	9	2.0

Reasons for not providing care did not differ among centers from rural or urban locations or according to the size of the center.

Respondents also were asked how they set up their programs for children with handicaps. Table 10 gives the percentages to each response option provided.

Table 10

Program Arrangement for Children with Disabilities
In Facilities Which Currently Serve Or Are Willing To Serve
(N = 398) *

	N	Percent
Program Arrangement Type:		
Separate rooms for children with disabilities	5	1.3
Separate rooms, but children with disabilities regularly spend time with other children	30	7.5
Children with handicaps share all regular program activities with other children	360	90.5
Program only serves children with disabilities/handicapping conditions	3	0.8

* All of the 454 centers did not respond to this question.

Of those currently serving and/or willing to serve children with disabilities, 29 percent, or 130 centers, indicated that their staff had special training in working with children with disabilities. Table 11 provides a breakdown of the types of education or training that staff members reported.

Table 11

Staff Training and Educational Levels
for Facilities Currently or Willing to Serve
(N=454)

	N	Percent
Type of Training:		
In-service training for care of children with handicaps/disabilities	105	23.0
College level special education course	86	19.0
College degree in special education	41	9.0
Nursing degree	25	6.0
Speech therapy	24	6.0
College degree in social work	20	4.0
Physical therapy	12	3.0
Occupational therapy	11	3.0

It should be noted that these data are descriptive of the 454 surveyed facilities which indicated they were currently serving or willing to serve children with disabilities. The high presence of college training and degrees is not found in the general population of child care providers. Eighty-five percent of all those currently serving or willing to serve children with disabilities indicated their willingness to have speech, occupational or physical therapy provided at their facilities. Furthermore, they said they would be willing to have training on methods to deal with children's special needs.

E. Profile of Group Homes and Centers which DO NOT and ARE NOT WILLING to Serve Children with Disabilities.

Of the 588 respondents, 23 percent, or 135 centers reported, they were not willing to provide services to children with disabilities. The reasons given for not providing services are found in Table 12.

Table 12

Barriers to Providing Services to Children with Disabilities
(N = 132)

	N	Percent
Barriers:		
Would require additional staff	106	80.0
Do not have the knowledge or training to care for children with handicaps	98	74.0
Costs too much to make needed changes in building	95	72.0
Specialized training for staff is not available	77	58.0
Liability insurance would be a problem	73	55.0
Don't get requests or referrals to care for children with handicaps	70	51.0
Specialized training for staff is too expensive	66	50.0
Caring for children with handicaps would take away time and attention from non-disabled children	53	40.0
Program philosophy is not geared for children with disabilities	40	30.0
Parents of non-disabled children might not like it and might withdraw their children from the program	26	20.0
Program usually full	24	18.0
Don't think regular child care programs should serve children with handicaps	22	17.0

Summary of Registered Family Day Home Survey

A telephone survey was administered to a random sample of registered Texas family day home providers by trained interviewers. The statistically valid random sample of 495 reflected a population of 14,122 homes which were registered with the Texas Department of Human Services in January 1990. The survey was conducted during a four-week period in the months of March and April 1990. Results from this survey are summarized on the following pages.

A. Profile of Registered Family Home Survey: Total Sample

A phone survey of 495 registered family homes was completed. Respondents were asked whether or not they currently serve children with disabilities. As the responses in Table 13 indicate, one-third are currently providing services and approximately one-quarter of the sample are either not currently serving or are not willing to provide services to children with disabilities.

Table 13

Registered Family Homes
Services to Children with Handicaps
(N = 495)

	N	Percent
Currently Serve	169	34.1
Willing to Serve	207	41.8
Not Currently Serving and Not Willing to Serve	119	24.0

Among the perceived barriers to serving children with handicaps, half of the respondents felt that caring for a child with a disability would take time away from caring for children without disabilities, and although nearly half felt a lack of training was a barrier, almost two-thirds considered the expense of training was an even greater barrier. See Table 14.

Table 14

Reasons Why Children with Disabilities Are Not Receiving Child Care in Registered Family Homes (N = 495)

	N	Percent
Barriers:		
Usually at full capacity	333	67.1
Would cost too much to make changes to house	318	64.1
Specialized training to expensive	317	63.9
Liability insurance would be a problem	316	63.7
No requests to care for children with handicaps	273	55.0
Caring for children with handicaps would take away time from the non-disabled children	249	50.2
Specialized training not available	245	49.4
No knowledge/training	175	35.3
Parents of non-disabled children would not like it	145	29.2
Don't think regular child care programs should serve children with handicaps	87	17.5

Table 15 indicates the respondents' preferences for incentives for providing care to children with handicaps. Most significant were funds to cover start-up, training and workshops, home arrangement and program consultation, therapy sessions for children, and specialized referral services. Nearly two thirds felt that additional payment for caring for specific children would not be a significant incentive.

Table 15

Number of Registered Family Homes Indicating
Incentives Which Would Encourage Services To Children with Disabilities
(N = 495)

	N	Percent
Training and workshops	380	79.4
Funds to cover start up	378	79.3
Therapy sessions provided for children	369	76.7
Specialized referral services for children with handicaps	360	75.0
Network or resource groups of day home providers offering similar services	351	72.8
Special programs to help support parents	331	69.4
In home training or technical assistance	330	68.5
A library or other informational resources on disabilities	324	67.4
Home arrangement and program planning consultation	274	57.2
Additional payment for specific children	166	35.2

Preferred incentives did not differ between registered family homes which were currently serving and those who were willing to serve.

There were only minor differences in the type of disabilities of children that registered family homes were willing to serve, as shown in Table 16 and Table 17.

Table 16

Willingness to Serve Children with Various Types of Disabilities

Of Those Currently Serving and Willing to Serve Children with Disabilities
Registered Family Homes
(N = 495)

	N	Percent
Children who have problems with:		
Speech	164	33.1
Mental Retardation	156	31.5
Hearing	156	31.5
Vision	153	30.9
Mobility	129	26.1
Behavior	129	26.1

Table 17

Willingness to Serve Children Requiring Special Care
Registered Family Homes
(N=495)

	N	Percent
Older children in diapers	110	22.2
Child in a wheelchair	102	20.6
Children who are medically fragile*	91	18.4
Children requiring special medical equipment such as respirators, oxygen and tracheotomy tubes	65	13.1
Children requiring tube feeding	57	11.5

* A definition of 'medically fragile' was not given.

Less than 12 percent of the registered family homes participating in this study were able to care for a child who required tube feeding. Thirteen percent would care for a child using special medical equipment and only 22 percent and 21 percent respectively, were willing to care of an older child in diapers or a child in a wheelchair.

B. Comparison of Registered Family Home and Licensed Centers/Group Homes

Both sets of respondents indicated that the availability and expense of training and costly facility changes were among the top five barriers to providing care to children with handicaps. Upon follow-up questioning, providers indicated that training costs include: time away from the center which requires additional staff and substitutes; long travel distances away from the center; training schedules which preclude absences during the nap-time hours only; and high tuition or workshop fees compared to the low wages of child care staff.

When comparing the level of severity of disability for children that providers were willing to serve in each disability type, a greater number of registered family homes than centers or group homes were willing to serve children with more severe disabilities -- children requiring tube feeding, older children in diapers, children who relied on special medical equipment and children who are medically fragile.

Summary of Findings

It is clear from the results of this project that changes in demographics and social norms have emphasized the growing need for high quality, affordable and accessible child care throughout the nation. This need is exacerbated for families with children who have disabilities due to fewer child care providers willing to accept children who require special accommodations. The survey of child care providers identified many of the reasons for this unwillingness or reluctance.

The patchwork of federal and state laws and programs affecting child care services continues to hamper the development of a centralized comprehensive child care system. Federal legislation focused on the education of young children with disabilities; (i.e. P.L.94-142 and P.L. 99-457), has provided an environment for collaboration between public schools, early childhood intervention programs, child care service providers and parents. The impact of the 1990 Americans with Disabilities Act (ADA) and the Child Care and Development Block Grant will yield further motivation for policy makers to address collaborative efforts for increasing and improving child care services for all children.

A number of state endeavors began as a result of the 71st Texas Legislature. These included the establishment of a Child Care Development Board to explore a pilot child care program for state employees, the establishment of the School Child Care Services Fund to implement care programs for school-age children, and other laws addressing parental involvement in program development, and before and after school transportation.

The implementation of the Child Care Management Services (CCMS) system is one of Texas' responses to the Family Support Act of 1988 and can provide a foundation for coordinated statewide efforts. The system as administered by

the Texas Department of Human Services promotes parental choice, features regional centralized sources of information for subsidized child care information and assistance, and expands the base of providers able to access state and federal child care funds. The most significant feature of the CCMS system relative to this study is the opportunity it offers to coordinate funding and other resources for child care, staff training, child health services, and quality improvement.

In addition to the new laws and programs, Texas is fortunate to have a number of highly visible statewide organizations which specifically support the provision of quality child care services for children. These include the Child Care Working Group of Texas, the Corporate Child Development Fund of Texas, the Texas Association for the Education of Young Children (TAEYC), the Texas Child Care Resource Clearinghouse, the Texas Licensed Child Care Association (TLCCA), and the Texas Professional Home Child Care Association. The agencies represented on the Project Advisory Committee demonstrated a high level of involvement and commitment to the issue of integrated child care options and have expressed their interest in participating in further efforts. These organizations and agencies are all potential partners for increasing the availability and improving the quality of child care services for children with disabilities.

In addition to the need for child care for working mothers of children with disabilities, research indicates that children receive educational and therapeutic benefits through integration into regular preschool programs. Integrated child care assists children with special needs in learning through social integration and imitation, broadens their circle of friends and provides exposure to more experiences and activities than would be available in a segregated setting. Also, when children with special needs are accepted into the community, the quality of life for their families tends to improve as a result of less stress, reduced isolation and improved employment opportunities.

The major findings of this study were the result of the two survey efforts -- the licensed center and group home survey, and the registered family home survey. The focus group discussions and review of literature supported the survey results. The results of the two surveys were remarkably similar as center-based and home-based programs rated the following as the primary barriers to providing child care services for children with disabilities:

- the need for and cost of additional staff time to provide individual care for children whom require such;

- inadequate knowledge or training to care for children with disabilities;

- expensive building modifications and insurance; and

- unavailable and or expensive specialized training.

These barriers present an exceptional challenge as one considers the following factors related to child care services:

- Staff salaries represent 60 to 80% of a child care center's operating costs with the actual percentage dependent upon the ages served and the required staff/child ratios.

- Child care staff are among the lowest paid workers in Texas, frequently earning less than parking lot attendants and municipal dog catchers.

- Child care is the fourth largest expenditure in a family's budget following housing, food and taxes.

Given these barriers, one might anticipate that the number one incentive might be to direct additional funds to the service providers to help offset the presumed added costs of care. Instead the study identified the following as the top four incentives to encourage the development of integrated programs.

- On-site training and technical assistance, including orientation and on-going training which addresses the children's changing needs, and growth and development;

- Funds to cover start-up costs, including such things as capital improvements to the facility/home and playgrounds, curriculum/program modifications, specialized training costs, program/educational materials and payment of the initial liability insurance premium;

- Staff training opportunities which are sensitive to staffing requirements, daytime schedules, and geographic/travel considerations; and

- Additional payment/subsidy for specific children when the cost of care for that child is routinely higher and parents cannot afford the increased cost of tuition.

Other highly ranked incentives included:

- therapy sessions provided at the child care facility;

- specialized referral services to assist parents in locating appropriate services; and

- facility and program planning and consultation.

Another major finding was that the majority of centers and day homes reported that they do not receive requests for care of children with disabilities. Interviews and comments from parents indicate that when parents ask for services, they cannot find programs willing to serve their children. These findings suggest a mismatch of supply and demand and a lack of effective information and referral for families and child care providers.

It is also necessary to point out that the findings of the surveys indicated that there are some children with disabilities who providers are even more reluctant to serve. These are children who have severe and multiple disabilities, who require specialized equipment such as respirators or tracheotomy tubes, who require tube feeding, who have severe emotional or behavioral problems, or who have compromised immune systems. Integrated child care services for these children are also needed and additional education, advocacy and effort will be crucial to increasing the supply of integrated options.

Currently there is no centralized, statewide child care system addressing these issues. Exploration of initiatives by state agencies and organizations revealed a cadre of potential partners which could support the Council's effort to increase the supply of integrated child care options.

CHAPTER V
RECOMMENDATIONS

The following set of five recommendations has been developed with an understanding that all entail additional commitment of resources and require coordination of other state agencies and organizations. An attempt to implement any of the recommendations without the commitment to coordination and provision of additional resources would likely result in ineffective and inefficient activity.

RECOMMENDATION I.

The Texas Planning Council for Developmental Disabilities should spearhead the development of a statewide training and technical assistance resource program for child care providers in order to promote greater access for children with disabilities.

Facts:

- The Texas Planning Council for Developmental Disabilities is perceived to be a key planning and advocacy organization whose purpose includes funding projects to improve services and access to child care services for children with disabilities.

- The Texas Department of Human Services is responsible for implementing a statewide Child Care Management Services system under the Family Support Act which could be used as a foundation for additional specialized training activities for child care.

- Many infants and preschoolers who are currently being served by special early intervention programs are also being cared for in child care settings.

- Training and technical assistance resources and opportunities are needed on a continuing basis due to the high turnover rate among child care staff and the development patterns of young children.

- On-site consultation with staff is needed to modify and adapt programs to facilitate the integration of children in all activities of the child care setting.

Findings from the planning study:

- While affordability and lack of training were among the most frequently cited barriers to providing child care for children with disabilities, training and technical assistance were among the top four incentives identified to encourage development of additional resources.

- Affordability of training was defined by child care providers to include such costs as time away from the center which required additional staff and substitutes, long travel distances away from the center/day home, training schedules, and seemingly high tuition or workshop fees when considering the typical low wages of child care staff.

- Parents and providers cited the need for practical, hands-on training and technical assistance to enhance curriculum and program activities which support the specific needs of children with disabilities.

- Parents repeatedly expressed a need for additional training for child care staff in the care of children with disabilities.

RECOMMENDATION II.

The Texas Planning Council for Developmental Disabilities should continue to advocate for and support the development of a comprehensive generic information and referral system which includes child care options. Services should include resource and referral information for parents of children with disabilities, and information for child care providers regarding funding, technical assistance, subsidies, support, etc.

Facts:

- The Texas Planning Council for Developmental Disabilities is currently involved in the planning and development of a comprehensive generic information and referral system for Texas.

- The Texas Association of Child Care Resource and Referral Agencies, as an association with the goals to promote the development, maintenance, and expansion of quality child care resource and referral services, provides an impetus for the coalescence of child care resource and referral systems in Texas.

- Information and referral systems provide supply and demand information which is critical in the development of needs assessments and identification of service gaps for statewide program planning.

Findings from the planning study:

- Currently information for parents is fragmented and parents are often dependent upon the knowledge of individual child care operators for information and referral. The study indicated that almost 50% of providers who do not serve are in a position to make a referral to an appropriate resource.

- Parents expressed their frustration with not being able to find a provider and over 52% of the providers indicated they were not asked to serve children with disabilities -- this can provide a vehicle to better match supply with demand.

- Center and day home providers indicated a need for access to information on free or low cost resources for technical assistance, building renovations and program modifications.

RECOMMENDATION III.

The Texas Planning Council for Developmental Disabilities should promote access to child care for families by developing strategies to support providers in financing start-up costs and enabling providers to comply with the Americans With Disabilities Act.

In this context, start-up funds include the initial costs that are incurred when a child care program offers services to children with disabilities. These costs are primarily non-recurring, but may include some recurring costs. Examples include:

(a) capital improvements to the facility/home including playgrounds;
(b) curriculum/program modifications including consultation;
(c) upgrading of staff, including the cost of pay differentials for a temporary period of time;
(d) specialized training;
(e) program/educational materials; and
(f) initial liability insurance premium.

Facts:

- The Americans with Disabilities Act has created new requirements and thus serious implications for child care providers in terms of accommodation and access.

- The Corporate Child Development Fund of Texas has a history of developing public/private partnerships for the improvement of child care services in Texas. This organization could serve as an experienced partner for initiating strategies specific to this issue.

Findings from the planning study:

- Anticipation of costly building modifications was one of the five most cited barriers among the child care providers.

- Over 75% of the facilities indicated that funds to cover start-up would be an incentive to encourage the development of additional child care resources for children with disabilities.

- Three out of every four day home providers cited funds to cover start-up as being one of the top incentives.

- Sixty-four percent of the day home providers cited liability insurance as being a problem or barrier to providing child care for children with disabilities.

- The child care industry is basically an independent, entrepreneurial industry and historically has had difficulty obtaining funds for capital improvements.

RECOMMENDATION IV.

The Texas Planning Council For Developmental Disabilities should disseminate the report and recommendations from this planning study. Dissemination of the report should be made to those statewide groups identified as invested in Texas child care with a request for a corresponding plan of action to support the findings and recommendations.

Facts:

- The Texas Planning Council for Developmental Disabilities is perceived to be a key planning and advocacy organization to improve services and access to child care services for children with disabilities.

- More than a dozen state agencies or organizations have participated in this study and have expressed interest in continuing some level of involvement with this issue.

- There is no comprehensive child care system in Texas to which the responsibility for all or part of the implementation of these recommendations can be assigned.

Findings from the planning study:

- Parents repeatedly expressed the need for coordination of acceptable and affordable child care services with the therapeutic and intervention programs in order to allow employment.

- Parents expressed a need for more integration of public agency assistance programs and professional staff, specifically the integration of more therapy/intervention-related programs within the child care setting.

- Numerous focus group members expressed an interest and desire to coordinate and share skills and resources.

- Federal and state legislation for persons with disabilities; i.e., Public Laws 94-142 and 99-457, have focused on education and human service

professionals for program design and policy making. The child care industry has been under-represented in these planning efforts.

- The child care industry is basically an independent, entrepreneurial industry and historically has not been recognized in the education field.

RECOMMENDATION V.

The Texas Planning Council should continue on-going planning efforts to address issues such as the need for child care for children with severe disabilities whose integration into group programs may be more difficult, the need for on-going child care subsidies for children whose care demands continual financial support, and other child care issues which may critically impact the lives of persons with disabilities.

Facts:

- Recommendations I through IV concentrate on the major results of the planning study and may do address all the significant findings within the various groups studied. The extensive data gathered in initial effort can be used as supportive data for addressing more specific issues requiring additional study.

- This study focused on child care needs of the majority of young children with disabilities. The findings did not address the needs of families with children who are medically fragile or the child with severe emotional disabilities -- those whose integration in group care may be more difficult. These children should not be denied access to child care nor should their parents be denied the right to work as a result of lack of appropriate child care services.

- The increasing numbers of children who are medically fragile and chronically ill have led to the recent creation of the Texas Network for Medically Fragile and Chronically Ill Children. This network of over 50 agencies and organizations can provide the foundation to further explore the issues of access to care and gaps in services for this population.

- The dearth of child care services for children with handicaps and disabilities has only recently begun to receive public attention. On-going monitoring of the situation will be necessary to ensure the Council's goal "to increase the availability and stability of community living options and appropriate support services."

Findings from the planning study:

- There are increasing numbers of "hard-to-place" children needing child care services for part or all of the day. These are children who have medical problems, are technology dependent, are immune deficient, and require constant vigilance. Centers and day home providers are reluctant to provide care these children due to such pragmatic issues as staffing, emergency handling, and need for medical expertise.

- Over 54% of the surveyed centers cited additional payment for specific children as a top ranked incentive. Child care providers may accrue extra expenses in their care of children with disabilities, thus they need appropriate reimbursements for serving these children. Additional subsidies can act as an incentive for providing appropriate child care services.

- Centers and homes are less willing to provide services to children who require special medical equipment or procedures due to a lack of training, high turnover in staff, and anticipated increases in liability insurance.

APPENDICES

I. DEFINITIONS OF TERMS

II. CRITICAL ELEMENTS FOR THE DEVELOPMENT OF CHILD CARE POLICIES

III. SURVEY INSTRUMENTS

- A. Licensed Center and Group Home Survey
- B. Reminder Postcard for Center Survey
- C. Postcard to Family Day Home Providers Selected in Sample
- D. Family Day Home Telephone Survey

IV. REFERENCES

APPENDIX I
DEFINITIONS OF TERMS

ACCOMMODATION - modification of teaching approach or school program to meet the educational needs of a particular child.

ADAPTIVE BEHAVIOR - skills needed by a child to function effectively and appropriately for his/her age in the school, family and community settings.

APPROPRIATE - in the context of a "free appropriate public education" refers to an educational program that is capable of meeting the educational needs of a child who has an educational disability.

EARLY INTERVENTION - the provision of educational services at an early age for children with learning difficulties to avoid more severe learning problems in later years.

EDUCATIONAL DISABILITY - a specific cognitive, physical or emotional problem that impedes the learning process to the extent that specially designed instruction is necessary for the person to learn effectively.

EXCEPTIONAL CHILD - a child whose educational needs differ significantly from those of his or her same-age peers to the extent that specially designed instruction is warranted. Encompasses students who have special education abilities (the gifted) and disabilities.

DEVELOPMENTAL DELAY OR LAG - a temporary delay in the child's development of a skill or characteristic.

FAMILY HOME - a home that regularly provides care in the caretaker's own residence for not more than 6 children under 14 years of age, excluding the caretaker's own children, and that provides care after school hours for not more than six additional elementary school children, but the total number of children, including the caretaker's own, does not exceed 12 at any given time.

HANDICAPPED CHILD - those evaluated as being "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally

disturbed, orthopedically impaired, other health impaired, deaf-blind, multi-handicapped, or as having specific learning disabilities, who because of these impairments need special education and related services" (PL 94-142).

LEAST RESTRICTIVE ENVIRONMENT - a standard established by PL 94-142 for special education placement. A child who has an educational disability must be allowed to participate in as much of the regular education program as is appropriate in view of his/her education needs. The law holds that children with special needs must not be separated from students who do not have disabilities any more than is educationally necessary.

MAINSTREAMING - the placement of a child who has an educational disability in an instructional setting in which most students do not have disabilities, in a manner that is educationally and socially beneficial to the child.

MULTIDISCIPLINARY EVALUATION - a comprehensive evaluation of a child's educational status by a team of professionals from different disciplines and using a variety of sources of information. Required by PL 94-142.

RELATED SERVICES - support services needed by a child to benefit from special education (such as speech therapy or special transportation.)

TEC CHILD CARE RESOURCE CLEARINGHOUSE - provides information about options for child care assistance, resources for technical assistance in implementing a benefit program and model programs. The clearinghouse also maintains a computerized data base that serves job applicants by providing name and telephone numbers of local child care resource and referral services.

APPENDIX II

CRITICAL ELEMENTS FOR THE DEVELOPMENT OF CHILD CARE POLICIES

WHEREAS, Young children's developmental needs must be met in order to assure their optimal growth and future productivity; and

WHEREAS, Dramatic changes in the workforce have made child care an essential service for families;

IT IS PROPOSED that as an essential service, child care programs must ensure that;

1) Assured high quality child care services are available to all children;

2) Quality early childhood programs are available and accessible to any family wanting or needing their services, at a cost which that family can afford;

3) Child care staff salaries are commensurate with the skills and qualifications required in order to attract and retain qualified staff and assure the provision of quality services; and sufficient and on-going training in developmentally appropriate practice is available and required of all child care staff;

4) An adequate and stable supply of quality child care is assured through planning for consistent program/agency funding;

5) Child care programs are available to meet the full range of families' needs, including infant care, school-age care, care for special needs children, and other specialized care;

6) Continuity of care for children in a family is a major consideration in developing programs and their eligibility requirements, so that the care of children remains consistent;

7) The needs of families and children are addressed through the preservation of choice, including but not limited to: the choice of flexible work options, the choice among affordable programs, the choice among types of child care;

8) Parental involvement in their children's care and education about their development is provided and encouraged, beginning with pregnancy; and

9) The development of affordable, quality child care is maximized through integrating the efficient use of existing resources with the planned development of new resources.

The *"Critical Elements"* were adopted in June, 1988 by the Child Care Working Group (CCWG) of Texas. The CCWG is a voluntary committee convened by the United Way of Texas (UWT), and includes representatives of over 100 state and local agencies and organizations concerned about child day care in Texas. The working group was convened in January, 1986, and continues to meet quarterly, in order to develop recommendations for the state and local, public and private sectors.

The mission statement of the CCWG is: *"To promote the economic and social well-being of Texas families, by assuring the availability of child care options which are developmentally-appropriate, accessible, comprehensive, and affordable."*

For further information on the UWT Child Care Working Group, please contact: Jeannette Watson, Chair, UWT Child Care Working Group, c/o Peggy Boice, United Way of Texas, P. O. Box 15164, Austin, Texas 78761.

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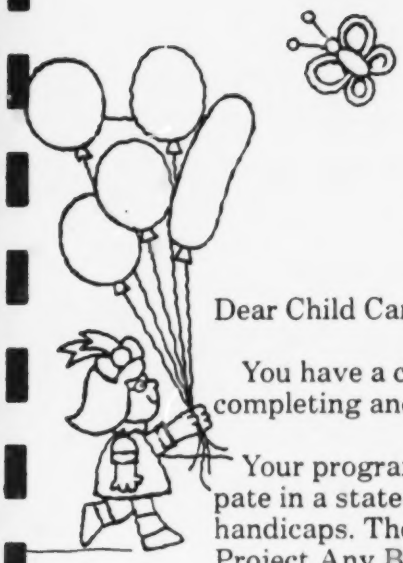
APPENDIX III

SURVEY INSTRUMENTS



APPENDIX III.A

February 9, 1990

Dear Child Care Director:

You have a chance to WIN **a weekend stay in San Antonio** just by completing and returning the enclosed survey by February 28, 1990.

Your program was randomly selected from centers in Texas to participate in a state wide study on child care resources for children with handicaps. The Texas Planning Council for Developmental Disabilities and Project Any Baby Can are interested in learning what child care resources currently exist, and what incentives could be used to encourage the development of additional resources. The Texas Department of Human Services needs information to expand the purchase of child care services for children with special needs.

Your input is CRITICAL. We need to hear from you whether you do or do not serve children with handicaps, or if you are willing to serve these children. **Your individual responses will remain strictly confidential** and will be used to make recommendations to a governor-appointed council who will develop a state wide action plan. It is anticipated that the study will be completed and results published by Summer 1990.

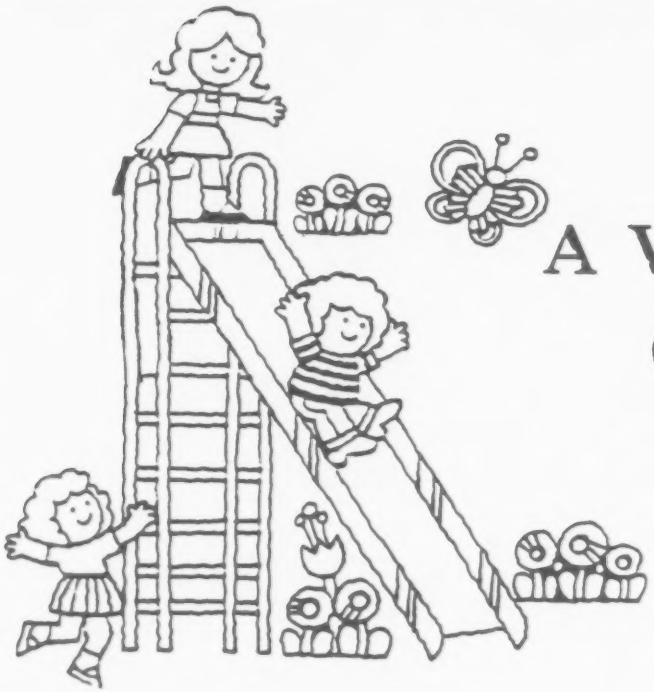
As our thanks to you for taking time to complete this survey, we are giving away a **Weekend stay,** 2 nights and 3 days, Friday through Sunday, at the historic **St. Anthony in San Antonio.** Also included is Sunday brunch for two and complimentary passes for up to four people to **Sea World** in San Antonio. To be eligible for the drawing, surveys must be completed and postmarked **NO LATER THAN MIDNIGHT FEBRUARY 28, 1990.** A self-addressed, postage paid envelope is included for your convenience. The winning name will be drawn and notification to the winner will be made by March 30, 1990.

Thank you for your help in letting us know what child care providers need to make child care available for children with handicaps and special needs. If you would like more information on this study, please call us at (512) 228-2871.

Sincerely,

Nancy L. Hard
Project Manager

The survey on Integrated Child Care Options in Texas is a collaborative effort of the Texas Planning Council on Developmental Disabilities, Project Any Baby Can and the Texas Department of Human Services.



A VERY "SPECIAL" CHILD CARE SURVEY

Return by
February 28, 1990

NOTE: If your program includes more than one licensed/registered facility, please respond to the questions for the facility to which this survey was specifically addressed.

- Is your child care program: (CHECK ONE)

1. (1) ( ) Part of a local or state chain.
   (2) ( ) Part of a national chain.
   (3) ( ) None of the above.

- Does your child care program receive funds from: (CHECK ALL THAT APPLY)

2. ( ) Parent Fees
3. ( ) Child Care Food Program
4. ( ) TDHS Day Care (Title XX)
5. ( ) Headstart
6. ( ) Job Training Partnership Act Funds
7. ( ) Carl Perkins Vocational Education Funds
8. ( ) Community Development Block Grant
9. ( ) Other Federal or State Funds
10. ( ) Local (county, city) Government Funds
11. ( ) In-Kind Donations
12. ( ) Other. Please Specify _____

_____

- How many children are currently enrolled in your program:

13. Full Day (6 or more hours) ____
14. Part Day (5 or less hours) ____
    (INCLUDE AFTER SCHOOL PROGRAM)

- How many children are currently enrolled in your program:

15. Full Week (5 days a week) ____
16. Part of Week (4 or less days a week) ____

As you complete the rest of the survey, please consider children with a broad range of possible handicapping or disabling conditions. Some children have more difficulty than most learning new skills, some have vision problems, or difficulty paying attention. Other children have birth defects or physical limitations. There may or may not be a formal "diagnosis" by a doctor or teacher.

- The following are some frequently heard statements about serving children with handicaps and disabilities in child care facilities. Please check all the statements you agree with.

17. ( ) Would provide opportunities for children to understand handicaps and disabilities.
18. ( ) Would help parents learn about and better understand handicaps and disabilities.
19. ( ) Would not be good for the child with the handicap or disability.
20. ( ) Would adversely affect the program.
21. ( ) Would provide opportunities for children with handicaps and disabilities to grow and learn better by being with non-disabled children.
22. ( ) Would upset parents of non-disabled children.
23. ( ) Would upset non-disabled children.
24. ( ) Would have no impact.
25. ( ) Don't know.
26. ( ) Other. Please Specify _____

_____

- Do you currently serve any children with handicaps or disabilities?

27. (1) ( ) Yes — GO TO ITEMS 42 THROUGH 46
    (2) ( ) No — GO TO ITEM 28

• Though you don t serve children with handicaps or disabilities now, would you be willing to serve these children?

28. (1) ( ) Yes — GO TO ITEMS 42 THROUGH 46
(2) ( ) No — GO TO ITEMS 29 THROUGH 41

• What kinds of things keep you from serving children with handicaps and disabilities? (CHECK ALL THAT APPLY)

29. ( ) Specialized training for staff isn't available.
30. ( ) Specialized training for staff is too expensive.
31. ( ) Would cost too much to make needed changes in the building.
32. ( ) Would require additional staff.
33. ( ) Liability insurance would be a problem.
34. ( ) Parents of non-disabled children might not like it, and might withdraw their children from the child care program.
35. ( ) Caring for children with handicaps and disabilities would take away time and attention from non-disabled children.
36. ( ) Program philosophy is not geared for children with handicaps.
37. ( ) Don't have the knowledge or training to care for children with handicaps.
38. ( ) Don't get requests or referrals to care for children with handicaps.
39. ( ) Program is usually full and may have a waiting list; not possible to accept children with handicaps.
40. ( ) Don't think regular child care programs should serve children with handicaps.
41. ( ) Other. Please Specify _____

_____

• Please read the following list and pick the **FIVE** items you think would be the best incentives to encourage child care programs to serve children with handicaps and disabilities. Write the letter of the items you choose in the spaces provided for items 42 through 46.

42. ( )
43. ( )
44. ( )
45. ( )
46. ( )

A. Additional payment for caring for specific children.
B. On-site training or technical assistance in providing care for children with handicaps and disabilities.
C. Facility and program planning consultation.
D. Special programs to help support parents.
E. Therapy sessions provided for the children.
F. Staff training/workshops.
G. Funds to cover start-up costs, for example: adaptive equipment, special materials, and building modifications.
H. Network/resource groups of child care providers offering similar services.
I. Library or other informational resources on handicaps and disabilities for child care providers.
J. Specialized referral services for children with handicaps.
K. ( ) Other. Please Specify _____

_____

*IF YOU **DO NOT PROVIDE** SERVICES FOR CHILDREN WITH HANDICAPS AND DISABILITIES AND **WOULD NOT BE INTERESTED IN PROVIDING SUCH SERVICES**, PLEASE STOP HERE. GO TO THE END OF THE SURVEY AND REGISTER TO WIN THE FREE WEEKEND.*

*IF YOU **CURRENTLY PROVIDE** CARE FOR CHILDREN WITH HANDICAPS AND DISABILITIES OR **WOULD BE WILLING TO PROVIDE** SUCH SERVICES, PLEASE CONTINUE.*

• Please check the services that your child care program currently provides or would be willing to provide **for children with handicaps or disabilities by age group**:

	Age Group			
Service	**0-17 mo.**	**18-35 mo.**	**3-5 years**	**6+ years**
Full Day Care (6+ Hrs.)	47. ( )	48. ( )	49. ( )	50. ( )
Part Day Care (Less than 6 Hrs.)	51. ( )	52. ( )	53. ( )	54. ( )
Before and/or After School Care	55. ( )	56. ( )	57. ( )	58. ( )
Summer Program	59. ( )	60. ( )	61. ( )	62. ( )
Weekend Program	63. ( )	64. ( )	65. ( )	66. ( )
Night/Shift Care	67. ( )	68. ( )	69. ( )	70. ( )
Transportation To and From **Home**	71. ( )	72. ( )	73. ( )	74. ( )
Transportation To and From **School**	75. ( )	76. ( )	77. ( )	78. ( )
Transportation for Skills Classes	79. ( )	80. ( )	81. ( )	82. ( )
Mothers Day Out	83. ( )	84. ( )	85. ( )	86. ( )

51

• We need to learn more about child care programs that serve children with handicaps and disabilities or would be willing to serve these children. The following questions describe some common handicapping and disabling conditions. The least severe type of each condition is on the left (1), and the more severe type on the right (5). While all children may have some problems in these areas, think of these as needs greater than what you would expect to see in most children of a particular age.

COMPLETE THE FIRST SET OF QUESTIONS (ITEMS 88 THROUGH 100) ***ONLY*** *IF YOU ARE* ***NOW CARING*** *FOR A CHILD OR CHILDREN WITH HANDICAPS OR DISABILITIES. For each condition, circle ONE NUMBER from least severe (1) to more severe (5) that best represents the level of handicap or disability of children you now serve. If you are not currently serving a child with this condition, circle "0."*

( ) Check here if you are not currently serving ANY children with handicaps or disabilities AND GO TO ITEMS 101 THROUGH 113.

88. Has Minor Vision Problems	0	1	2	3	4	5	Is Completely Blind
89. Does not Learn As Fast As Other Children	0	1	2	3	4	5	Diagnosed With Severe Mental Retardation
90. Has Minor Hearing Problems	0	1	2	3	4	5	Is Completely Deaf
91. Has Minor Speech Problems	0	1	2	3	4	5	Is Not Able to Talk
92. Has Some Trouble Understanding What Other People Try to Tell Him/Her	0	1	2	3	4	5	Cannot Understand At All What Other People Try to Tell Him/Her
93. Needs Some Help in Moving from Place to Place	0	1	2	3	4	5	Can't Move At All Without Help
94. Has Some Problems Paying Attention	0	1	2	3	4	5	Can't Concentrate or Pay Attention At All
95. Has Minor Behavior Problems	0	1	2	3	4	5	Has Been Diagnosed As Emotionally Disturbed

• Do you serve children with the following kinds of handicapping condition? CHECK ALL THAT APPLY

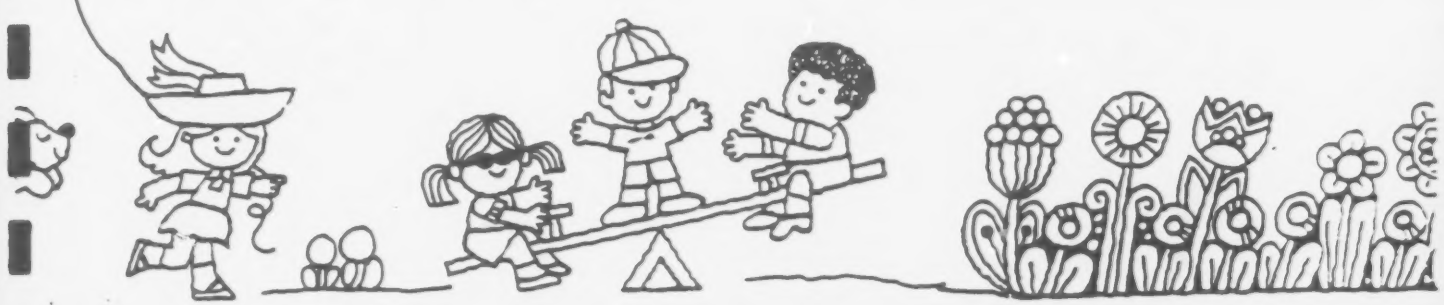
96. ( ) Children who have to be tube fed.
97. ( ) Older children in diapers.
98. ( ) Children who regularly have to use special medical equipment such as respirators, oxygen, tracheotomy tubes.
99. ( ) Medically fragile children
100. ( ) Other, Please Specify _____

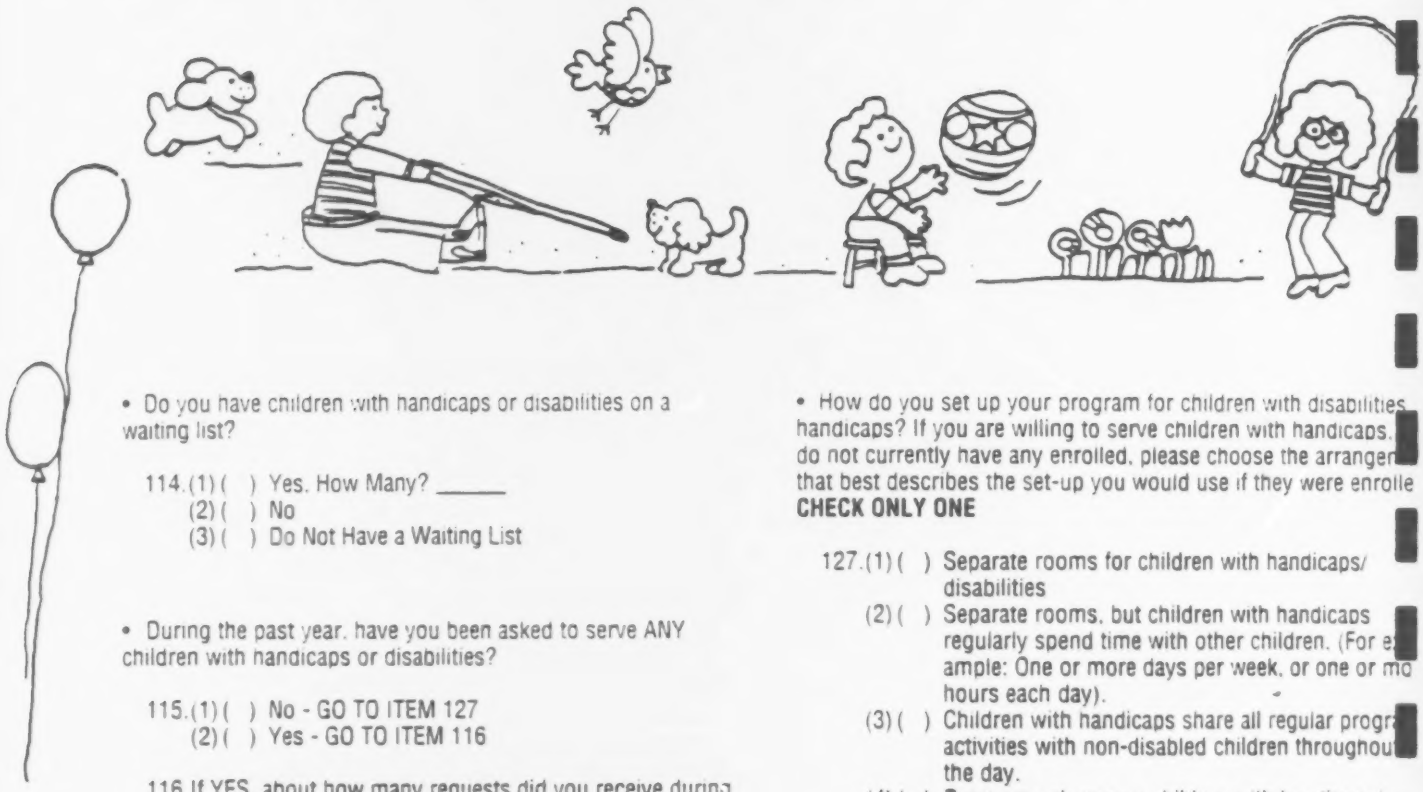
COMPLETE THE SECOND SET OF QUESTIONS (ITEMS 101 THROUGH 113) FOR CHILDREN WITH HANDICAPPING CONDITION YOU ***WOULD BE WILLING TO SERVE****. Please complete these items* ***regardless*** *of whether you are now caring for such children. For each condition, circle ONE NUMBER from least severe (1) to more severe (5) that best respresents the level of handicap or disability of children you are willing to serve. If you would not be willing to serve a child with this condition, circle "0".*

101. Has Minor Vision Problems	0	1	2	3	4	5	Is Completely Blind
102. Does not Learn As Fast As Other Children	0	1	2	3	4	5	Diagnosed With Severe Mental Retardation
103. Has Minor Hearing Problems	0	1	2	3	4	5	Is Completely Deaf
104. Has Minor Speech Problems	0	1	2	3	4	5	Is Not Able to Talk
105. Has Some Trouble Understanding What Other People Try to Tell Him/Her	0	1	2	3	4	5	Cannot Understand At all What Other People Try to Tell Him/Her
106. Needs Some Help in Moving from Place to Place	0	1	2	3	4	5	Can't Move At All Without Help
107. Has Some Problems Paying Attention	0	1	2	3	4	5	Can't Concentrate or Pay Attention At All
108. Has Minor Behavior Problems	0	1	2	3	4	5	Has Been Diagnosed Emotionally Disturbed

• Are you willing to serve children with the following kinds of handicapping condition? CHECK ALL THOSE YOU ARE WILLING TO SERVICE.

109. ( ) Children who have to be tube fed.
110. ( ) Older children in diapers.
111. ( ) Children who regularly have to use special medical equipment such as respirators, oxygen, tracheotomy tubes.
112. ( ) Medically fragile children
113. ( ) Other, Please Specify _____





• Do you have children with handicaps or disabilities on a waiting list?

114.(1) ( ) Yes. How Many? _____
(2) ( ) No
(3) ( ) Do Not Have a Waiting List

• During the past year, have you been asked to serve ANY children with handicaps or disabilities?

115.(1) ( ) No - GO TO ITEM 127
(2) ( ) Yes - GO TO ITEM 116

116. If YES, about how many requests did you receive during the past year to serve children with handicaps or disabilities? _____ GO TO ITEM 117.

117. If YES, were you able to enroll all the children with handicaps or disabilities for whom services were requested during the past year?
(1) ( ) Yes - GO TO ITEM 127
(2) ( ) No - GO TO ITEM 118

118. If NO, about how many children with handicaps or disabilities were you unable to serve during the last 12 months? _____ GO TO ITEMS 119 - 126

• If you received requests to serve children with handicaps or disabilities during the past year and were unable to accept any of these requests, please tell us the reason(s). CHECK ALL THAT APPLY

119.( ) Handicap was too severe for staff to handle.
120.( ) Would have required building modifications.
121.( ) Would have required more staff.
122.( ) Would have required more staff training.
123.( ) Have never served children with this kind of handicap/disability
124.( ) Do not want to serve children with this kind of handicap/disability.
125.( ) Spaces or "slots" for children with handicaps were at maximum capacity.
126.( ) Other, Please Specify _____
_____

• How do you set up your program for children with disabilities handicaps? If you are willing to serve children with handicaps, do not currently have any enrolled, please choose the arrangem that best describes the set-up you would use if they were enrolle **CHECK ONLY ONE**

127.(1) ( ) Separate rooms for children with handicaps/ disabilities
(2) ( ) Separate rooms, but children with handicaps regularly spend time with other children. (For e ample: One or more days per week, or one or mo hours each day).
(3) ( ) Children with handicaps share all regular progra activities with non-disabled children throughou the day.
(4) ( ) Program only serves children with handicaps/ disabilities.

• Do you or any of your staff have special training in working wi children with handicaps and disabilities?

128.(1) ( ) Yes - GO TO ITEMS 129-137
(2) ( ) No - GO TO ITEM 138

IF YES, enter the number of staff with the type of specialized training listed below

129.( ) College Level Special Education Courses
130.( ) College Degree in Special Education
131.( ) College Degree in Social Work
132.( ) Nursing Degree
133.( ) Speech Therapy
134.( ) Physical Therapy
135.( ) Occupational Therapy
136.( ) In-Service training for care of children with handicaps/disabilities
137.( ) Other, Please Specify
_____

• If speech, occupational, or physical therapy is needed by a ch in your care, would you be willing to have a therapist come in work with the child in your facility?

138.(1) ( ) Yes - GO TO ITEM 139
(2) ( ) No - WHY? _____
GO TO ITEM 140

139. Would you be willing to have the therapist provide staff training on ways of dealing with the child's special needs within your facility?

(1) ( ) Yes
(2) ( ) No

RATES:
FOR SERVICES TO CHILDREN WITH HANDICAPS AND DISABILITIES (Not Applicable For Headstart Centers)

FULL DAY CARE - (6 OR MORE HOURS PER DAY)

• What rate do you most frequently charge for **full** day care for children with handicaps/disabilities ages 0 through 17 months? Enter rate and check one box to indicate the period of service it covers. If you do not serve this age group, indicate this by checking the box.

140. $_____.___ per 141. (1) ☐ hour
(2) ☐ day
(3) ☐ week
(4) ☐ month

☐ DO NOT serve this age group

142. Is this the same rate you charge for non-disabled children ages 0 through 17 months?

(1) ☐ Yes
(2) ☐ No

• What rate do you most frequently charge for **full** day care for children with handicaps/disabilities ages 18 through 35 months? Enter rate and check one box to indicate the period of service it covers. If you do not serve this age group, indicate this by checking the box.

143. $_____.___ per 144. (1) ☐ hour
(2) ☐ day
(3) ☐ week
(4) ☐ month

☐ DO NOT serve this age group

145. Is this the same rate you charge for non-disabled children ages 18 through 35 months?

(1) ☐ Yes
(2) ☐ No

• What rate do you most frequently charge for **full** day care for children with handicaps/disabilities ages 3 through 5 years? Enter rate and check one box to indicate the period of service it covers. If you do not serve this age group, indicate this by checking the box.

146. $_____.___ per 147. (1) ☐ hour
(2) ☐ day
(3) ☐ week
(4) ☐ month

☐ DO NOT serve this age group

148. Is this the same rate you charge for non-disabled children ages 18 through 35 months?

(1) ☐ Yes
(2) ☐ No

• What rate do you most frequently charge for **full** day care for children with handicaps/disabilities ages 6 years and older? Enter rate and check one box to indicate the period of service it covers. If you do not serve this age group, indicate this by checking the box.

149. $_____.___ per 150. (1) ☐ hour
(2) ☐ day
(3) ☐ week
(4) ☐ month

☐ DO NOT serve this age group

151. Is this the same rate you charge for non-disabled children ages 6 years and older?

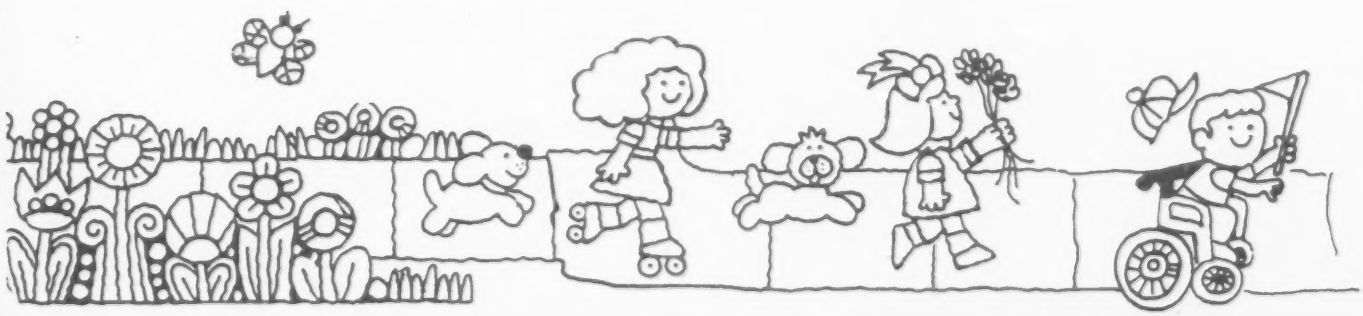
(1) ☐ Yes
(2) ☐ No

PART DAY CARE - (LESS THAN 6 HOURS PER DAY)

• What rate do you most frequently charge for **part** day care for children with handicaps/disabilities ages 0 through 17 months? Enter rate and check one box to indicate the period of service it covers. If you do not serve this age group, indicate this by checking the box.

152. $_____.___ per 153. (1) ☐ hour
(2) ☐ day
(3) ☐ week
(4) ☐ month

☐ DO NOT serve this age group



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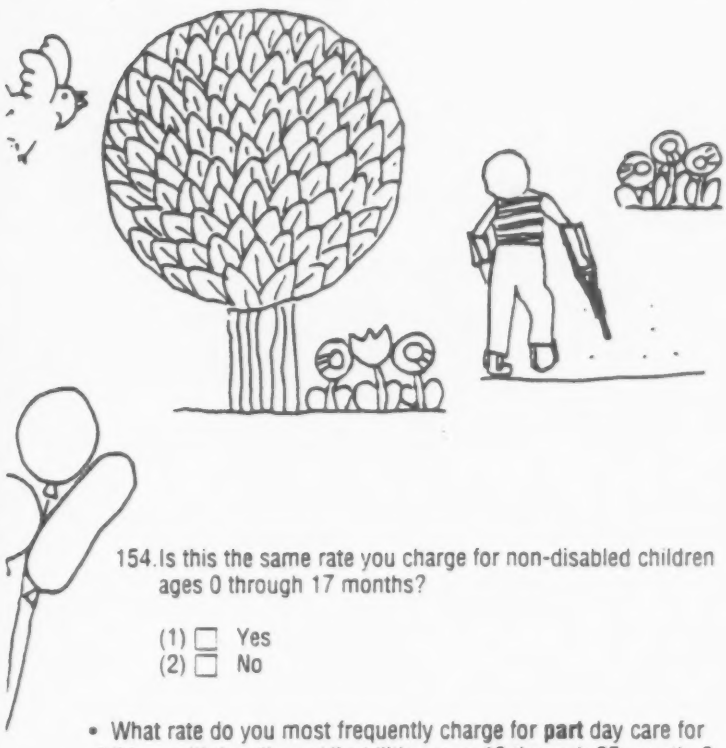

154. Is this the same rate you charge for non-disabled children ages 0 through 17 months?

(1) ☐ Yes
(2) ☐ No

• What rate do you most frequently charge for **part** day care for children with handicaps/disabilities ages 18 through 35 months? Enter rate and check one box to indicate the period of service it covers. If you do not serve this age group, indicate this by checking the box.

155. $_____.___ per

156. (1) ☐ hour
(2) ☐ day
(3) ☐ week
(4) ☐ month

☐ DO NOT serve this age group

157. Is this the same rate you charge for non-disabled children ages 18 through 35 months?

(1) ☐ Yes
(2) ☐ No

• What rate do you most frequently charge for **part** day care for children with handicaps/disabilities ages 3 through 5 years? Enter rate and check one box to indicate the period of service it covers. If you do not serve this age group, indicate this by checking the box.

158. $_____.___ per

159. (1) ☐ hour
(2) ☐ day
(3) ☐ week
(4) ☐ month

☐ DO NOT serve this age group

160. Is this the same rate you charge for non-disabled children ages 3 through 5 years?

(1) ☐ Yes
(2) ☐ No

• What rate do you most frequently charge for **part** day care for children with handicaps/disabilities ages six years and older? Enter rate and check one box to indicate the period of service it covers. If you do not serve this age group, indicate this by checking the box.

161. $_____ ___ per

162. (1) ☐ hour
(2) ☐ day
(3) ☐ week
(4) ☐ month

☐ DO NOT serve this age group

163. Is this the same rate you charge for non-disabled children ages 6 years and older?

(1) ☐ Yes
(2) ☐ No

COMMENTS:

THANK YOU for your time in completing the survey!

In order to register to WIN the FREE WEEKEND IN SAN ANTONIO send the following information with the completed survey.

Name _____

Position _____

Name of Program _____

Address _____

City _____ Zip Code _____

Phone Number: ( ) _____

Please feel free to call us at (512) 228-2871 if you would like more information or if we can be of assistance to you.

Please mail in the enclosed self-addressed, stamped envelope no later than February 28, 1990.

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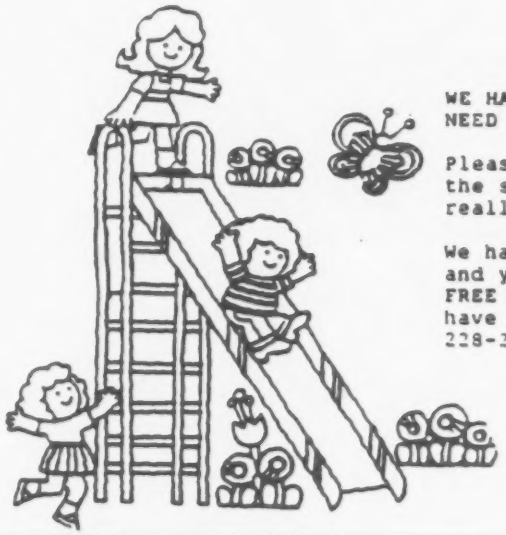
A VERY "SPECIAL" CHILD CARE SURVEY



WE HAVEN'T HEARD FROM YOU AND WE NEED YOUR INPUT!

Please take a few minutes to complete the survey we sent you last month. We really do need to hear from you!

We have extended the submittal deadline and you still have time to qualify for the FREE WEEKEND STAY IN SAN ANTONIO. If you have any questions please call us at 228-2871.

PLANNING STUDY ON INTEGRATED CHILD CARE
SANTA ROSA HEALTH CARE CORPORATION
P. O. Box 7330, San Antonio, Tx 78207-3198

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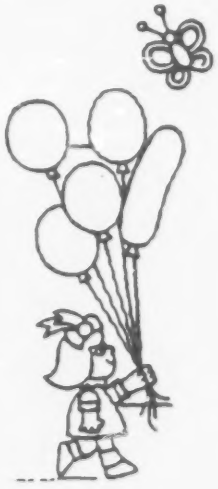

A VERY "SPECIAL" CHILD CARE SURVEY

You have been randomly selected from child care providers in Texas to participate in a state wide study on child care resources for children with special needs.

Your Input is CRITICAL! In the next few weeks, you may be called and asked to respond to a 15 minute telephone survey. The information you provide will be confidential and no information about a specific facility will be released.

For your cooperation you will have a chance to win a Weekend Stay in San Antonio at the historic St. Anthony Hotel with complimentary passes to Sea World.

Thank you for your assistance and if you have any questions please call us at (512) 228-2871.

The survey on Integrated Child Care Options in Texas is a collaborative effort of the Texas Planning Council for Developmental Disabilities, Project Any Baby Can and the Texas Department of Human Services.

PLANNING STUDY ON INTEGRATED CHILD CARE
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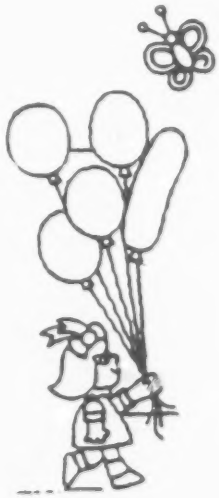

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* *Hello. My name is _____ and I am conducting a survey on child care resources in Texas for special needs children. Project Any Baby Can sent you a post card on April 10 to inform you that I might be calling. I would like to ask a few questions about child care services for special needs children. It will take approximately 15 minutes.*

* *Is it convenient for you to talk to me now or should I call back later?*

  When would be convenient?

* *Are you currently caring for children?*

NO

* *Is this a temporary break in service?*

  YES --- continue on

  NO --- continue below

* *Is this a permanent situation?*

  YES --- * *Can you give me your name and address so we can take you off the list of Registered Family Homes?*

  Make note of name & address to send to TDHS in order to update records.

  NO --- (continue on to the top of the right column)

YES

* *We need to learn more about child care programs that serve children with handicaps and disabilities, or those that would be willing to serve these children.*

* *Some children have more difficulty than most learning new skills, some have vision problems, or difficulty paying attention. Other children have birth defects or physical limitations. There may or may not be a formal diagnosis by a doctor or teacher. We are interested in getting your thoughts or learning from your experience.*

  * *Are you now, or have you ever served children with handicaps or disabilities?*

    YES --- GO TO NEXT PAGE AND CONTINUE TO COMPLETE BOTH THE <u>WHITE</u> AND <u>GREEN</u> PAGES.

    NO --- Continue below

  * Would you be <u>willing</u> to serve children with handicaps or disabilities?

    YES --- GO TO <u>GREEN PAGE</u>

    NO --- * WHY NOT?_____

    _____

* *I'm going to read you a description of some of the more common handicapping conditions. While all children may have some problems in these areas, think in terms of children who need more attention than you would expect in most children of that age.*

* *I will ask you to indicate by using a scale of 1 to 5, (with 1 being least severe and 5 being most severe) the conditions you could serve.*

* *Have you ever served or would you be willing to serve a child that had a visual impairment?*

  NO -- Go to next question

  YES -- continue below

  * *On a scale of 1 to 5 how severe could that impairment be?* _____

    i.e., 1 -- being <u>minor</u> vision problems
    5 -- being completely blind

* *Have you ever served or would you be willing to serve a child that had a hearing impairment?*

  NO -- Go to next question

  YES -- Continue below

  * *On a scale of 1 to 5 how severe could that impairment be?* _____
    (Response)

    i.e., 1 -- being <u>minor</u> hearing deficit
    5 -- being completely deaf

* *Have you ever served or would you be willing to serve a child that had a speech impairment?*

  NO -- Go to next question

  YES -- Continue below

  * *On a scale of 1 to 5 how severe could that impairment be?* _____
    (Response)

    i.e., 1 -- being <u>minor</u> speech problems
    5 -- not being able to speak

* *Have you ever served or would you be willing to serve a child that is developmentally delayed? (If questioned, you might explain that a child with developmental delays might not learn as fast as other children his/her age.)*

  NO -- Go to next question

  YES -- Continue

* *On a scale of 1 to 5 how severe could that delay be?* _____ *(Response)*

i.e., 1 -- Child does not learn as fast as other children
5 -- Child is diagnosed with severe mental retardation

* *Have you ever served or would you be willing to serve a child that has emotional problems?*

NO -- Go to next question

YES -- Continue below

* *On a scale of 1 to 5 how severe could that delay be?* _____ *(Response)*

i.e., 1 -- child has minor behavior problems
5 -- Child is diagnosed as Emotionally Disturbed

* *Have you ever served or would you be willing to serve a child that has difficulty physically moving his or her body from place to place, for example, a child that may not be able to use their arms or legs.*

NO -- Go to next question

YES -- Continue below

* *On a scale of 1 to 5 how severe could that difficulty be?* _____ *(Response)*

i.e., 1 -- Child needs some help in moving from place to place
5 -- Child can't move at all without help

---

* *I'd like to read you a list of specific kinds of handicapping conditions. After each one please tell me "Yes" or "No" if you could serve a child with this condition.*

YES	*NO*	
_____	_____	*A child who is in a wheelchair?*
_____	_____	*A child who has to be tube fed?*
_____	_____	*An older child in diapers?*
_____	_____	*A child who had to regularly use medical equipment such as respirator, oxygen, tracheotomy tubes?*
_____	_____	*A medically fragile child for example one that is chronically ill or has had an organ transplant?*

* *If you were caring for a child with special needs would you charge MORE?* ____*YES* ____*NO*
If so, How much MORE? _____ *per HOUR, DAY, WEEK, MONTH*
(Circle the appropriate time period)

------ CONTINUE ON TO THE GREEN SHEET ------

* I'd like to read you a list of things that might keep some people from serving children with special needs. As I go down the list, I'd like you to tell me if it would prevent you from caring for these children.

YES	NO	
_____	_____	Specialized training is not available
_____	_____	Specialized training is too expensive
_____	_____	It would cost too much to make changes in my house
_____	_____	Liability insurance would be a problem
_____	_____	Parents of non-disabled children might not like it, and might withdraw their children from my program
_____	_____	Caring for children with handicaps and disabilities would take away time and attention from non-disabled children
_____	_____	I don't have the knowledge or training to care for children with handicaps
_____	_____	I don't get requests to care for children with handicaps
_____	_____	I am usually full, and it is not possible to accept children with handicaps
_____	_____	I don't think regular child care programs should serve children with handicaps.

OTHER, please specify_____

* Now I am going to read you a list of possible incentives which might encourage registered family home providers to serve children with handicaps and disabilities. After each one, please tell me if the incentive would <u>slightly</u> or <u>greatly</u> encourage you to provide services to these children.

Slightly	Greatly	
_____	_____	Additional payment for caring for specific children
_____	_____	In-home training or technical assistance in providing care for children with handicaps and disabilities
_____	_____	Home arrangement and program planning consultation
_____	_____	Special programs to help support parents
_____	_____	Therapy sessions provided for the children
_____	_____	Training and workshops

_____	_____	*Money to cover start-up costs, for example: adaptive equipment, special materials, and building modifications*
_____	_____	*Network or resource groups of day home providers offering similar services*
_____	_____	*A library or other informational resources on handicaps and disabilities for day home providers*
_____	_____	*Specialized referral services for children with handicaps*
		*OTHER, please specify*_____

* *Thank you for answering my questions. Do you have any comments or suggestions which you would like for me to pass on to Project Any Baby Can?*

(If asked, you may refer someone wishing to learn or participate more on this study to Nancy Hard or Phyl Rhyans at (512) 228-2871.)

APPENDIX IV
References

Allen, R.E., (1984). Federal Legislation of Young Handicapped Children. Topics in Early Childhood Special Education, 4 (1), pp. 9-18

Bagnato, S., Kontos, S., & Neisworth, J. (1987). Integrated Day Care as Special Education: Profiles of Programs and Children. Topics of Early Childhood Special Education, 7 (1), pp.28-47

Bailey, D., (1989). Early Schooling for Children with Special Needs. Theory Into Practice, 28 (1), pp. 64-68

Bailey, D., & Winton, P., (1987). Stability & Change in Parents' Expectations About Mainstreaming. Topics in Early Childhood Special Education, 7:1, pp. 73-78

Barnett, W.S., (1988). The Economics of Preschool Special Education Under Public Law 99-457. Topics in Early Childhood Special Education, 8 (1), pp. 12-23

Beckman, P.J., & Kohn, F.L., (1987). Interaction of Preschoolers With and Without Handicaps in Integrated and Segregated Settings. Mental Retardation, 25, pp. 5-11

Blancher, J., & Turnbull, A.P., (1982). Teacher and Parent Perspectives on Selected Social Aspects of Preschool Mainstreaming. The Exceptional Child, 29, pp 191-199

Bureau of Maternal and Child Health, Texas Department of Health, October, 1990

Burstein, N., (1986). The Effects of Classroom Organization on Mainstreamed Preschool Children. Exceptional Children, 52, pp. 425-434

Carpenter, C.L., (1989). The Search Process: Choosing An Early Intervention Program.
Exceptional Parent, pp. 30-37

Child Care & Development Needs in California's Families of Children with Disabilities, Final Report, January 1988, California State Department of Education

State Child Care Fact Book: 1988, published by Children's Defense Fund.

Clark, E.A. (1974). Teacher Attitudes Toward Integration of Children with Handicaps.
Education and Treatment of Children, 11, pp. 333-335

Act for Better Child Care Service of 1987. Hearing before the Subcommittee on Children, Family, Drugs & Alcoholism of the Committee on Labor & Human Resources, U.S. Senate, 100th Congress, March 15 & June 28, 1988.

Crowley, A.A., (1990). Integrating Handicapped and Chronically Ill Children into day Care Centers.
Pediatric Nursing, 16, pp. 39-44

Texas Children. A Report of the Commission on the Mental Health of Children and Their Families, 1990

Handicapped Children's Protection Act of 1985. Hearing Before the Subcommittee on the Handicapped of the Committee on Labor & Human Resources, U.S. Senate, 99th Congress, May 16, 1985

Meeting the Needs of Infants & Toddlers with Handicaps. A Report to the Congress by the Department of Education & the Department of Health & Human Services, January, 1989

Esposito, B.B., (1987). The Effects of Preschool Integration on the Development of Non-handicapped Children.
Journal of The Division for Early Childhood, (12), pp. 31-46

Fewell, R. (1986). A Handicapped Child in the Family. In R. Fewell & P. Vadasy (Eds.), Families of Handicapped Children & Needs & Supports Across the Life Span. Austin, TX: Pro-ED

Field, T., Roseman, S., DeStefan, L.J. & Koewler, J., (1982). The Play of Handicapped Preschool children with Handicapped and Non-handicapped Peers in Integrated and Non-integrated Situations.
Topics in Early Childhood Special Education, 2(3), pp. 28-38

Fink, D.B., (1988). School Age Children with Special Needs. Boston, MA: Exceptional Parent Press

Gallagher, J.J., (1989, October). The Impact of Policies for Handicapped Children on Future Early Education Policy. Phi Delta Kappan, pp. 121-124

Garwood, S.G., Fewell, R.R. & Neisworth, J. T., (1988). Public Law 94-142: You Can Get There From Here.
Topics in Early Childhood Special Education, 1 (1), pp. 1-11

Gerber, M. M., & Levine-Donnerstein, D., (1990). Educating All Children: Ten Years Later.
Exceptional Children, 56 (1), pp. 17-27

Green, M. & Widoff, E., (1990, March). Special Needs Child Care: Training Is a Key Issue.
Young Children, pp. 60-61

Toward Independence, Productivity and Integration: Recommendations for Improving Services to People with Developmental Disabilities in Texas. A Report to the Governor and Texas Legislature, January, 1990

Guralnick, M. J., (1990). Major Accomplishments and Future Directions in Early Childhood Mainstreaming.
Topics In Early Childhood Special Education, 10 (2), pp.1-17

Guralnick, M.J., Groom, J.M., (1988). Peer Interaction in Mainstreamed and Specialized Classroom: A Comparative Analysis.
Exceptional Children, 54 (5), pp. 415-425

Guralnick, M.J. (1981). The Social Behavior of Preschool Children at Different Developmental Levels: Effects of Group Composition.
American Journal of Child Psychology, 31 (1), pp. 115-130

Hanline, M.F. (1985). Integrating Disabled Children.
Young Children, 40 (2), pp. 45-48

Healy, A., Keesee, P.D. & Smith, B.S., (1989). Early Services for Children with Special Needs: Transaction for Family Support (2nd Ed.), Baltimore, MD: Paul H. Brooks Publishing Co.

Day Care for Working Families Act of 1987. Hearing before the Subcommittee on Human Resources, U.S. Senate, 100th Congress, May 22, 1987

Economic Impact Study of the Child Care Industry and Market, Information Interface Institute, 1988

Iscoe, L., Choices Limited Child Care for Children with Special Needs. Commission on the Mental Health of Children and Their Families.
Hogg Foundation for Mental Health, The University of Texas, 1989

Jenkins, J. R., Odom, S.L. & Spettz, M.L., (1989). Effects of social Integration on Preschool Children with Handicaps.
Exceptional Children, 55 (5), pp. 420-428

Jones, S. & Meisels, S., (1987). Training Family Day Care Providers to Work with Special Needs Children.
Topics in Early Childhood Special Education, 7 (1), pp. 1-12

Klein, N. & Sheehan, R., (1987). Staff Development: A Key Issue In Meeting the Needs of Young Handicapped Children In Day Care Settings.
Topics In Early Childhood Special Education, 7 (1), pp.13-27

Child Care & Early Childhood Education Policy: A Legislator's Guide. National Conference of State Legislatures, 1989

National Commission on Working Women of Wider Opportunities for Women Fact Sheet

Child Care Issues for Children with Handicaps - A Position Paper
Maryland Committee for Children, Inc., October 1989

McLean, M. & Hanline M.F., (1990). Providing Early Intervention Services in Integrated Environments: Challenges & Opportunities for the Future.
Topics In Early Childhood Special Education, 10 (2), pp. 62-77

Odom, S.L. & McEvory, M.A., (1990). Mainstreaming at the Preschool Level: Potential Barriers & Tasks for the Field.
Topics In Early Childhood Special Education, 10 (2), pp. 48-61

Odom, S.L. & Strain, P.S., (1984). Peer-mediated Approaches to Increasing Children's Social Interaction: A Review.
American Journal of Orthopsychiatry, 54, pp. 544-557

Pizzo, P., (1988, December). New Laws Can Help Child Care Programs with Children Who Have Special Needs.
Exchange, pp.27-28

Smith, C. & Greenbery, M., (1981). Step By Step Integration of Handicapped Preschool Children in a Day Care Center for Non-handicapped Children.
Journal of the Division for Early Childhood, (2), pp. 96-101

Stegelin, D.A., (1990). Kentucky's Statewide Parent Survey on Child Care Needs & Resources: Implications for Policy and Research.
Dimensions, (1), pp. 9-11

TDHS Child Care Management Services briefing papers, May 14, 1990

Current Population Reports, U.S. Census Bureau, (1989) Series P-70, No. 9 and Series P-23, No. 129

Head Start/A Child Development Program, 25 Years Building America's Future 1965-1990, U.S. Department of Health & Human Services

Texas Department of Human Services, (1989, April). Child Care in the Work Place.
We Magazine, pp. 4-6

Weiner, R. & Koppelman, J., (1987). From Birth to 5 - Serving the Youngest Handicapped Children. Alexandria, VA: Capitol Publication

State Superintendent's Task Force on Early Education, Child Care and Family Involvement. Final Report and Recommendation, October, 1989.
Wisconsin Department of Public Instruction

Yell, M. & Espin, C., (1990). The Handicapped Children's Protection act of 1986: Time to Pay the Piper?
Exceptional Children, 56 (5), pp. 396-407